

THE SPIRITUAL DIMENSIONS OF RE-EVALUATION COUNSELING
AN INVESTIGATION
OF ITS NATURE AS A SPIRITUAL DISCIPLINE
AND
OF ITS USEFULNESS AS A THERAPY WITH ALCOHOLICS

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As I was putting together the bibliography for this study, I became very conscious of the fact that some of the most important "sources" of our direction in life and work cannot find a place on such a list. In my own case there are at least three names to which I had no occasion to refer; yet I am sure, this study would never have been undertaken without these "authors". Their influence in my life explains not only the particular constellation of issues and problems investigated here, but also my choice of direction in life, and of "profession", as it were.

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in Systematic Theology at the University, and minister at St. Alban's, in whose home I lived as a student for most of my years at Basel. This was a time in my life when I considered myself an atheist, having formally left the Protestant church in which I was raised. I was touched by Professor Buri's struggle to articulate a theological position that could speak with honesty and integrity to the condition of a despairing generation, without abandoning the depth of the Christian heritage and faith--and to give full expression to such a position in his own life through the practice of Christian ministry.

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ABSTRACT

My study is concerned with the use of Re-evaluation Counseling in therapy with alcoholics. Thirty-two patients in the Alcoholism Rehabilitation Program of a State Hospital participated in RC training in addition to the regular therapeutic program provided by the hospital. Their pre-test and post-test scores on a series of self-report measures were compared with the scores of a control group of patients in the same program who did not choose to take part in RC training. The hypotheses predicted that Re-evaluation Counseling would foster an increase in positive valuation of self and others, increased feelings of being in charge of one's life and capable of responsible action, a more positive evaluation of life in general, and increased motivation for change, expressed through continued participation in rehabilitation activities.

The following criterion measures were used: the Rotter External-Internal Control Scale, the Leary Interpersonal Adjectives Checklist, and a questionnaire assessing General Attitude to Life. In addition, information about adjustment factors was collected three months after completion of the training period. It was hypothesized that the group participating in Re-evaluation Counseling training would show significantly larger movement in the positive direction on these measures than would a comparable control

group in the same period of time.

The statistical analysis of gainscore means revealed highly significant differences between the two groups on the Rotter Scale and on the Attitude to Life measure, confirming the expectation that Re-evaluation Counseling training would foster self-confidence, trust, hopefulness, and the feeling of being in charge of one's life. On the Leary diagnostic profile the RC training group showed more consistent changes in the positive direction; but the differences were not large enough to be statistically significant.

Subjective evaluations of the training experience as well as follow-up responses indicated that Re-evaluation training was a positive experience for most participants. The overall results of the project tend to justify the conclusion that Re-evaluation Counseling training offers an effective tool in the process of recovery from alcoholism.

The theoretical part of the dissertation centers around the problem of establishing rational criteria for a "therapeutic world view" and for an encouraging and enabling approach to the problem of alcohol addiction for alcoholics and their therapists. It is argued that the most generally accepted conceptual models of alcoholism express fundamentally dualistic and deterministic conceptions of human nature and of the nature of reality and lead to assumptions and attitudes characterized by pessimism and fatalism. This

underlying despair is seen as resulting in essentially self-contradictory and self-defeating positions in which the conceptualization of the problem actually becomes part of the problem in that it aggravates the situation it is attempting to remedy.

It is suggested that a therapeutic world view would have to offer a rational basis for hope and faith, and an interpretation of human nature which could constitute personal responsibility. The possible "form" such a radically positive and optimistic conception might take is discussed with reference to Teilhard de Chardin's vision of cosmic evolution and to the theory and practice of Re-evaluation Counseling. It is suggested that RC shares many features with movements traditionally characterized as religious. A discussion of the spiritual dimensions of Re-evaluation Counseling and of similarities between RC principles and the faith and practice of Quakers leads to the conclusion that RC must be seen in the tradition of Spirit movements, and that its practice can be said to constitute a spiritual discipline. It is suggested that Re-evaluation Counseling may be particularly useful with alcoholics precisely because of its spiritual dimensions.

INTRODUCTION

This study grew out of my personal concern as a human being, a therapist, and a theologian, to come to grips with the problem of evil as it expresses itself in the self-destructive behavior of alcoholics. It is not a problem to which I expect to be able to offer a novel solution. But in the course of my struggle for understanding, my insights into some of the contemporary aspects of the problem have deepened. Some of this understanding grew out of theological reflection, particularly on the work of Pierre Teilhard de Chardin. A different level of understanding was reached through my professional and personal involvement with Re-evaluation Counseling. These two seemingly so different streams appear to me to be fed from a common source of concern for human liberation and for "building the Earth", as Teilhard saw it. Both systems are based on a radically positive and optimistic world view and appear to lead to similar conclusions about the nature of our responsibility as human beings in an evolving and converging universe.

In stark contrast to these optimistic visions stands the daily experience of our enormous social, political, and personal problems, and of the profound pessimism that characterizes most of our approaches to these problems as well as the philosophical and psychological assumptions underlying these approaches.

Where do we choose to take our stand between such divergent interpretations of our common experience? And particularly: what difference does such a philosophical decision make in our understanding of specific problems and in our ability to deal effectively with them? Could there be such a thing as a "therapeutic world view"--an encouraging, enabling conception of human nature and of the nature of reality for alcoholics and their therapists, for instance? If so, what would be the characteristics of such a conception, and what would be the spiritual dimensions of such a therapeutic approach?

My study concerns itself with an examination of these questions as they relate to the world view and methods of Re-evaluation Counseling. The first part presents an investigation of the spiritual dimensions of Re-evaluation Counseling and of its nature as a religious movement and spiritual discipline. In the second part the practical aspects of the approach are explored as they relate to the problem of alcohol addiction.

PART I

CHAPTER 1

RE-EVALUATION COUNSELING

Re-evaluation Counseling has gained wider attention and a measure of acceptance only fairly recently. Its originators claim to have developed an approach that is sufficiently different from other approaches to be considered unique; and the vocabulary employed in Re-evaluation Counseling literature, certainly, does represent a definite terminology. It seems appropriate, therefore, to give first of all an outline of the basic Re-evaluation Counseling theory and methods.

Theory

The principles and techniques of Re-evaluation Counseling were developed around 1953 by Harvey Jackins, Mary McCabe, Martha Perry, and others.¹ Basic to the whole approach is the assumption that human beings possess by

¹Most of the theoretical material was and continues to be written by Harvey Jackins. The basic texts are: Harvey Jackins, *The Human Side of Human beings* (Seattle: Rational Island, 1965); Harvey Jackins, *Fundamentals of co-counseling manual* (Seattle: Rational Island, 1970); Harvey Jackins, *The human situation* (Seattle: Rational Island, 1973). A short summary and discussion of basic concepts is in Bernard J. Somers, "Re-evaluation counseling therapy; theoretical framework," *Journal of humanistic psychology*, XII:1 (1972), 42-57. Cf. Thomas Scheff, "Re-evaluation counseling: social implications," *Journal of humanistic psychology*, XII:1 (1972), 58-71.

nature a vast amount of creative intelligence, expressing itself in the capacity for rational behavior (i.e. behavior guided by reason rather than feelings), co-operation, communicativeness, and zestful enjoyment of living. Unlike other living organisms whose responses to the environment appear largely determined by genetic patterns and relatively inflexible stimulus-response chains, humans have the capacity in any situation to create a new, unique response which exactly fits the particular situation. This basic human ability to respond creatively (i.e. with novelty) is referred to as "rationality" or "intelligence", and its proper functioning is called "thinking". The other innate human characteristics--zestful enjoyment of living and co-operative, affectionate relatedness to others--are intimately connected with this concept of human intelligence. Every genuinely new, unique and accurate response to a new situation or person must, by definition, be lacking in rigidity and repetitiveness, and must therefore, be free of hostility, resentment, apprehension, distrust, and despair. Jackins writes:

Our concept of the basic, underlying integral nature of the human being is primarily based on the assumption of a very large amount of flexible intelligence, of the ability to come up with new, accurate, successful responses for each person with an undamaged forebrain. The nature of the human being is integral, wholesome. The natural relationship with other human beings is love

and co-operation.²

The proper functioning of this intelligence is illustrated in terms of its information processing capacity. Information, it is assumed, is continually received through the sense organs and through internal feedback; it is immediately compared and contrasted with all previously acquired relevant information, and after such evaluation it is filed away in discrete items, readily available as needed. Under conditions of stress, however, when the organism experiences emotional or physical distress, pain, frustration, shock, fear, boredom, etc. the system appears to "shut down", temporarily inhibiting the evaluative process that would permit an appropriate and intelligent response. Instead, the incoming information appears to be "taken down" as it were, in a kind of literal recording of the whole experience, including the painful emotion present at the time, as well as the frustration of being unable to think, to make sense out of what was happening, and to respond effectively.

Once the stressful experience is past, the organism seeks to discharge the tension of distress and will do so

²Harvey Jackins, "The distinctive characteristics of re-evaluation counseling," in his *Guidebook to re-evaluation counseling* (Seattle: Rational Island, 1975), p. 1c. (Much of the basic literature has been printed variously in pamphlets and other publications. I will make reference in general to the most recent publication in order to include any revisions.)

spontaneously if permitted. The human being will try to claim the attention of another person and will attempt to free himself or herself from the tension (referred to in common experience as "finding a shoulder to cry on", "bending someone's ear", "getting it off one's chest" etc.). This freeing or healing process, called "discharge", is assumed to be highly complex in nature, involving the whole organism, and as a rule associated with certain physical manifestations (tears, laughter, talking, trembling, angry sounds and movements, perspiring, yawning) which appear to be specifically related to the particular level of distress. When the painful emotion has been discharged, the tension is released, and re-evaluation of the experience takes place spontaneously; all pertinent information is sorted out and understood, and the individual emerges "un-distressed" and free once more to function rationally.

When discharge is not possible, however, or when its physical expression is systematically discouraged, interrupted, and suppressed--as is customarily done in our culture³--and when similar stressful situations are experienced over and over again, then the un-evaluated information and the accompanying feeling of invalidation appear to accumulate. In increasingly larger areas of his or her life the individual

³"Don't cry!" "Get a grip on yourself!" "That's no reason to be angry!" "Shut up!" "Keep a stiff upper lip!" etc.

begins to respond with rigid, compulsive patterns of feeling, verbalizing, and behaving, instead of the flexible, creative human response. At the same time it seems that the experience of invalidation during distress, restimulated over and over again in similar situations, becomes generalized into a kind of chronic distress pattern, a permanent underlying feeling of powerlessness and demoralization, which finds expression in apathy, depression, and despair.

The concept of "pattern" is of central importance in Re-evaluation Counseling. The French analogue "automatism" gives, I think, a clearer image of the compulsive, repetitive character of the phenomenon. (It appears to correspond most closely to what John Lilly called a "tape loop" in his discussion of human functioning from the point of view of cybernetics.)⁴

When distress cannot be discharged, one of the serious effects seems to be the substitution of a "recording" in place of the properly evaluated information. This recording henceforth interferes with further information processing and appropriate response in this particular area. Whenever the "distressed area" is addressed in some manner, the recording is called into play, complete with the original painful emotion, but as a rule below awareness. The distressed

⁴John C. Lilly: *Programming and Metaprogramming in the Human Biocomputer* (New York: Julian Press, 1972).

individual experiences upset, inability to think, feelings of frustration, helplessness and hopelessness. The other person who happened to trigger the recording, has the experience of having come up against an inexplicable and irrational barrier to communication, a kind of "answering service", as it were, rigidly repeating a message which does not seem to fit the situation. As long as such patterned responses are operating only intermittently, associated with specific stimuli, they are painful and frustrating to the human being and baffling to the person who is trying to communicate with the distressed individual, but the impairment is generally not too serious. However, any undischarged recording can become "stuck" as it were. Re-stimulated beyond a certain point, such patterns appear to become chronic, playing all the time and interfering with all the information generated in the area affected by that particular distress. The core of such chronic patterns always seems to contain an experience of profound invalidation, (feeling helpless, hopeless, powerless, bad, terrified, outraged etc.)--giving rise to the pervasive self-doubt and despair that characterizes the life experience of a great majority of adults in our society.

Re-evaluation Counseling, it is claimed, can reverse this process of accumulated distress progressively shutting down the flexible intelligent human being. Individuals can be helped to recover the natural healing process by which the

- human organism frees itself from distress. They can be taught the understanding and skills necessary to help each other achieve sufficient discharge to re-evaluate the significant distressing experiences in their lives and to restore full intelligent functioning in all areas. Chronic distress recordings, such as those underlying addictions, may require considerable time and effort to become erased. But it is claimed that all irrational behavior patterns and all incapacitating and invalidating feelings can be countered through responsible initiative and will then yield to the process of discharge and re-evaluation, allowing the human being to emerge permanently into the freedom of creative rationality.

The goal is human liberation: the permanent emergence of all human beings from irrationality and aberration into the freedom of full responsible humanness. The method: a lifelong commitment to the process of discharge and re-evaluation as a tool for living and a way of life.

Practice

All the activities of the Re-evaluation Counseling communities⁵ are designed primarily to serve the single purpose: of providing instruction in Re-evaluation Counseling

⁵The Re-evaluation Counseling communities consist of all the co-counselors of a given geographic area.

theory and techniques, and opportunities for individuals to discharge their distresses and to support each other in the continuous effort towards re-emergence. The theory and methods are generally taught in classes, or one-to-one; the Re-evaluation Counseling communities are the support structure;⁶ and the basic setting for discharge is the co-counseling session. In this model generally two (occasionally three or more) people take turns being "client" with the other person or persons acting as "counselor". The client works at addressing his or her painful emotions in a manner that will allow them to discharge. The counselor's role is one of facilitating this process by providing the continuous re-assurance necessary to counteract the pull of the recorded invalidation, and by helping the client maintain the balance of attention between past distress and present safe reality that makes discharge possible. Since the client is in full possession of the theory, and since his or her own intelligence will be able to evaluate the experience as soon as the distress which originally accompanied the event is discharged, no interpretation, analysis, advice or persuasion .

⁶The growth and functioning of the re-evaluation counseling communities is discussed in Carol Carrig, "Religious participation and search for human community," (unpublished M.A. thesis, University of California at Santa Barbara, 1971) Chapter 4. She characterizes the re-evaluation counseling communities as "curative" or "self-help" communities. Scheff, p. 60, classifies RC as a "peer self-help psychotherapy group".

is offered by the counselor.

Co-counseling is the key relationship in Re-evaluation Counseling, and it is so structured as to present a model of the appropriate relationship between human beings postulated on the theory; based on equality, maturity, non-exploitative co-operation, and the assumption that there is no actual conflict of interest between human beings, and that loving, caring appreciation is the natural way humans feel about each other when they are not distressed.⁷

The crucial attitude is "validation": an affirming, expectant and delighted attitude deliberately adopted and consistently maintained at all times toward every experience and every person--including oneself--and in all situations. (Since all distress experiences contain an element of invalidation, the unqualified affirmation and validation of the human being and of life in general appears to represent a kind of universal "positive direction" contradicting all painful emotions and facilitating profound discharge.)⁸

⁷Postulates 21 and 22, in Jackins's *Guidebook to Re-evaluation Counseling*, p. 6.

⁸The therapeutic effectiveness of "unconditional positive regard" in Client-centered therapy, "positive reinforcement in Behavior Modification, or "strokes" in Transactional Analysis or Rational Therapy etc. has been widely recognized. The research of Truax and Carkhuff found an attitude of "empathy", expressed by the therapist and perceived by the client, to be one of the most important variables determining treatment outcome. Cf Charles Truax and Robert Carkhuff, "The Experimental Manipulation of

Methodological and Epistemological Questions

By now a fairly comprehensive theoretical structure has been developed. In the description of the distinctive characteristics of Re-evaluation Counseling great importance is placed on the fact that the process of discharge and re-evaluation was discovered accidentally, and that all Re-evaluation Counseling principles and methods were developed inductively from successful practice with solving people's problems. Reportedly, the early decision to accept as evidence only those effects which could be consistently reproduced, and to generalize only from sufficient evidence, was rigorously adhered to. On the basis of its experiential foundation and its consistency as a deductive as well as inductive logical system Re-evaluation Counseling claims the right to be considered genuinely scientific. So far little evidence has been reported in the forms expected for scientific data in the behavioral sciences. On the whole, the effort has been to reliably demonstrate the effectiveness of the process and methods rather than to produce quantitative records. (For instance: all International Workshops in Re-evaluation Counseling have been tape-recorded in their

Therapeutic Conditions," *Journal of Consulting Psychology*, XXIX (1965), 119-124; see also C. B. Truax, "The Process of Group Psychotherapy," *Dissertation Abstracts*, XXI (1960), 676.

entirety since 1970, and some have been transcribed and published.⁹ At present a library of video-tapes for documentary and teaching purposes is being assembled of classes and counseling demonstrations given by Harvey Jackins and Mary McCabe.)

There is, of course, no need to restrict the term "scientific" to the laboratory methods and statistical evaluations of the natural sciences. Nor is there much doubt in my mind that the effects of Re-evaluation Counseling are quantifiable and measurable, and that such evidence can and will be produced in time.¹⁰ But it remains significant that the originators of Re-evaluation Counseling have so far shown little interest in documenting their claim to scientific rigor with experimental records. Rather there is a

⁹Tape transcripts have been published for *Buckcreek I*, 1971, *La Sherpa I*, 1971, and *Calvinwood I*, 1974. Buckcreek and La Sherpa were the first International Workshops for co-counselors and teachers of Re-evaluation Counseling, Calvinwood was the first such workshop for Classroom Teachers. All of these were conducted by Harvey Jackins, and all transcripts are published by Rational Island Publ., Seattle, Wash.

¹⁰A few experimental studies of the effects of Re-evaluation therapy and training have already been completed, and many more are reportedly being undertaken. A study was conducted with staff at Patton State Hospital, Gail Pheterson, "A field experimental study of the effects of re-evaluation counseling training." (Unpublished dissertation, University of California at Riverside, 1974). Nichols compared Re-evaluation Counseling methods with traditional types of therapy in Michael P. Nichols, "Outcome of Brief Cathartic Psychotherapy," *Journal of Consulting and Clinical Psychology*, XLII:3 (1974), 403-410. There is also a growing volume of

markedly pragmatic and philosophical orientation, concerned with practical effectiveness and rationality rather than with quantitative measurements and statistics.

Beyond the pragmatic and practical, the major effort seems to have been in the direction of logical coherence and consistency. A deductive logical structure has been developed to complement the inductive structure first abstracted. Basic assumptions and distinctive characteristics of the approach have been made as explicit as possible,¹¹ and there is a continuous effort to bring new developments in theory and methods, as well as all policies guiding the Re-evaluation Counseling communities, into logical agreement with the basic assumptions and postulates. The general picture is one of an empirically based, logically consistent system with considerable explanatory power. In as much as the validity--scientific or otherwise--of a conceptual model is constituted by its capacity to offer a clear, coherent, cogent and

independent research into the effects of emotional discharge (summarized and discussed Pheterson, pp. 22-47). Of particular interest because of parallels with the discharge phenomenon in Re-evaluation Counseling are Janov's investigations of the physiological and emotional effects of Primal Therapy reported in Janov, A. *The Anatomy of Mental Illness* (New York: G.P. Putnam's Sons, 1971), Abreaction carried on in many parts of the world and reported in Wolfgang Luthe (ed.) *Autogenic Therapy*, 6 vols. (New York: Greene and Stratton, 1969-73).

¹¹Published as "The Postulates of Re-evaluation Counseling," and "the Distinctive Characteristics of Re-evaluation Counseling," in Jackins, *Guidebook to Re-evaluation Counseling*.

economical explanation for a wide variety of phenomena, and an effective way of dealing with them--Re-evaluation Counseling certainly appears to have validity.¹²

A "Rational" Model of Human Behavior

The basic conceptualization of human nature in Re-evaluation Counseling theory establishes normative criteria of human functioning. The focus, however, is not so much on "normal" human behavior as such, but rather on what is considered to be the most characteristically, most uniquely "human" form of behavior.¹³ This essential humanness is defined in the Postulates as "creative intelligence", expressing itself in the capacity of human beings to act rationally, i.e. to create a novel, uniquely appropriate, interesting response to any new situation on the basis of

¹²The two criteria suggested by Cobb for an evaluation of the suitability of available philosophical systems as a basis for natural theology appear equally pertinent to an evaluation of psychological conceptualizations. The theory of Re-evaluation Counseling, in my estimate, does meet the first criterion: "intrinsic excellence of the structure of thought". Consideration of the second criterion: i.e. that the vision of reality of the philosophical position under investigation be compatible with the Christian faith--underlies much of the discussion in later parts of this study. The criteria are discussed in John B. Cobb, Jr., *A Christian Natural Theology* (Philadelphia: Westminster Press, 1965), pp. 264ff.

¹³This concern is illustrated in the title of the basic text of Re-evaluation Counseling theory: *The Human Side of Human Beings*, by Harvey Jackins.

zestful involvement and loving co-operation.¹⁴

As regards the sample population from which the theory was generalized, it is asserted that postulates were based on inductive generalization from the experience with solving people's problems. The sample pool, therefore, appears to consist of "people with problems", and "those who are working with them towards a solution". It can be concluded from the reports and from the co-counseling model that there is considerable overlap, if not actual identity, between the "people with problems" and "those working with them", permitting combination of the two groups. The sample, therefore, may be considered reasonably representative at least of a population that is concerned with such issues as "having problems". It is also asserted that the sample was large, and that observations were made over a period of more than twenty years (and continue to be made). As to the

¹⁴It seems to me that this conception of essential humanness--of what we ought to be and do because of what we are and can do--accords profoundly with John Cobb's definition of morality as "virtually synonymous with rationality of action", and with the universal normative principles he derives from our sense of obligation.

Rational behavior, according to Re-evaluation Counseling theory, requiring consideration of all available evidence, evaluation of possible responses in terms of what is the right thing to do for everybody in the situation, and action in conformity with this evaluation meets the requirement that: "Every morally developed person ought always to act as he inescapably sees he ought to act in full disinterested consideration of all available knowledge and experience which seems to him to be relevant." Cobb, pp. 117-121.

composition of the sample: the group was, evidently, largely self-selected, and predominantly white middle-class American. On the basis of the "experience with people" it is claimed that the postulates are not so much an expression of what ought to be, nor an ideal description of what is possible for human beings, derived from the achievements of exceptional individuals, but criteria for the evaluation of behavior of all human beings when they are not distressed, i.e. when they are most themselves and most human.

The basic distinction made is between rational and irrational behavior. Rational behavior is characterized by its novelty, appropriate use of pertinent information, co-operative orientation and zestfulness. Irrational behavior is characterized by rigidity, repetitiveness, perserverance, non-responsiveness to the requirements of the situation, inappropriately narrow focus, non-survival orientation, competitiveness. Contrasting rational and irrational behavior in this manner might suggest a continuum between more or less rational behavior. But according to Re-evaluation Counseling theory, this is an erroneous conclusion. Irrational behavior must be seen not as quantitatively different, but as differing in quality from rational behavior. Since so far no human being has completely emerged from recorded distress, the assertion remains a postulate, linked intimately to the postulate that complete emergence is

possible.¹⁶

What are the assumptions underlying such a model?

If rational behavior is to be accepted as normative, and if a qualitative distinction between rational and irrational behavior is to be realistic, it must be assumed that rational behavior is always possible.¹⁷ This assumption proceeds from a re-evaluation of the place of feeling in the functioning of the human organism. According to Re-evaluation Counseling theory the purpose of feelings is to be felt--enjoyed, if pleasurable, felt and discharged, if painful. But it is stressed that feelings cannot and must not be relied on as a guide to action.¹⁸

As a culture, and also in many therapeutic approaches we tend to "handle feelings" in a very different way. We try to avoid painful emotions at almost any cost--(as

¹⁶Jackins, "The distinctive characteristics of Re-evaluation Counseling," *Guidebook to Re-evaluation Counseling*, p. 11, #5.

¹⁷Jackins, *Quotes* (Seattle, Rational Islands Publ., 1975) p. 48. "If you can figure out the right thing to do--and you can--then you can do it. Have at it!"

¹⁸Such a distinction is considered particularly important to an understanding of the addiction phenomenon where pleasurable feelings have become associated with distress recordings compelling the repetition of irrational behavior despite ultimately--or even immediately--destructive and painful consequences.

The theory of Re-evaluation Counseling concerning addictions is presented in "The Logic of Being Completely Logical," in his *Human Situation*, pp. 73-86 by Harvey Jackins.

evidenced, for instance, by the large proportion of our medical efforts that is directed in one form or another at analgesia, sedation, tranquilization, etc.). Where such measures are not practicable, we try to avoid distress by invalidating feelings in general and by withdrawing attention from the way we feel. In the process we systematically mislabel our feelings and those of others, and teach our children to do so. ("It doesn't really hurt, Dear!", "I'm not angry. I just think people shouldn't be allowed to . . .") We blame ourselves and others for the way we feel (How can you be upset about a little thing like that?", "I know I ought not to feel like this!") and insist that the feeling should be different ("You mustn't take it to heart", "I know I shouldn't be afraid"), and finally suppress or disguise the expression of our unpleasant feelings as best we can, or justify their expression through rationalizations. The resulting confusion and general unhappiness and sickness has been only too obvious. (Unfortunately, the "remedies" suggested in some contemporary therapies are no more rational than the attitudes they are trying to correct. People are urged to "get in touch with their feelings", express them without reservations, and be guided by them. The results of this reactive thrust appear, in the main, simply to have shifted the area of strife and unhappiness from the intra-personal to the interpersonal field, and in the sphere

of behavior from repression and inhibition to irresponsibility and dramatization.)

Re-evaluation Counseling assumes that feelings are by definition a-rational (i.e. not under the control of rational decision), and that they are always subjectively "justified" in that there is within the whole life experience of the person a perfectly good and sufficient "reason" for the particular feeling to arise. Therefore, there exists no need to defend or justify the way we feel to anyone, including ourselves. Instead there is the clear responsibility to attend to all feelings in a rational manner, to recognize and feel them, and to discharge them if they carry distress and would, therefore, sooner or later interfere with our ability to respond rationally. The importance of this responsibility to discharge distresses becomes particularly clear when it is understood that most of our painful emotions are from the past--restimulated distress recordings from a time in our lives when we were actually helpless, powerless and lacking adequate information¹⁹--rather than actual painful experiences in present time.

Theoretical Implications

If then rational behavior is always possible, human

¹⁹This is particularly true for the many fearful, resentful and furious feelings associated with depressive and anxiety states.

freedom can, and in fact must, be affirmed. (not so much as an abstract freedom of the will, but as actual freedom of choice in present time). It becomes clear that the obvious causation of behavior applies only to the past and need not lead to deterministic conclusions about the structure of reality. In fact, determinism in present time and for the future is seen as characteristic of distress patterns, irrational behavior and rationalization. (The distinction between rationality and rationalization is important. Rationality recognizes and acknowledges the feeling aspect of a situation as information to be evaluated along with other relevant aspects, but bases the decision for action on what is right and makes sense to do in the matter [and not on "how it feels"]. Rationalization, on the other hand, consists in the attempt to justify with logical argument actions that were guided by feeling rather than by reason.)

The practical attitude corresponding to rationality is called "being in charge": free to consider all the relevant aspects, to choose what makes sense, and to assume responsibility in every situation.²⁰ Responsibility is constituted entirely in present time and for the future. As

²⁰Postulate #23: "Any individual or group can act rationally first without waiting for rational action on the part of someone else, and can take control of the situation by so doing." Jackins, *Guidebook to Re-evaluation Counseling*, p. 7.

for the past, it is assumed that distress and the resulting irrational behavior had their roots in hurt and invalidation caused by the irrationality of other distressed persons, and that "every human being has at all times done the best he or she could do, and so deserves neither blame nor reproach from anyone including self". Writes Jackins:

In the present and future, not one of us is required to remain or to function within any pattern of the past to any extent at all. Only feelings urge us to so remain or so function. We are freed from any need to heed these urgings by the theoretical realization that only logic and not feelings at all, is an acceptable guide to action.

The implications of such an approach can be formulated as logical propositions. That is:

--if rational behavior is qualitatively different from irrational behavior,
 --and if human beings have a vast potential for creative rationality;
 --if the human being is different from the rigid pattern,
 --and if it is always possible to act rationally;
 --if all irrational behavior is the result of undischarged distress,
 --and if all distress, past or present, can be discharged, freeing the human's ability to think and act rationally;

: then it is rational to affirm the freedom of the human being without any reservations, and to approach all human problems with unqualified hopefulness. Or in other words: if these assumptions are reasonable, then there exists a rational basis for a consistently optimistic and hopeful conceptualization of human nature. (Which does, of course, not mean that the validity of such a conclusion is thereby "proved". It only implies that there is no contradiction

between the assumptions and the conclusions drawn from them. We might not be willing to go **any** further in our conclusions than to reverse Berofsky's statement: "I conclude that determinism in psychology is not conceptually impossible",²¹ to the conclusion that optimism and free choice are conceptually not impossible. Or we might concur with Leona Tyler in her "Design for a Hopeful Psychology" that

reasonable, scientifically minded men and women are not constrained to take a deterministic position if they find it incompatible with the best interests of the constituencies they serve, such as research participants, appliers of psychological knowledge, and makers of social policy.²²

Our responsibility is "to think out a philosophical framework that will allow us to assume that our choices are real and that our decisions make a difference."²³ Which might be interpreted as utilitarianism. But does it need to be that, or is there, indeed, a rational basis for such a hopeful philosophical framework?

Theilhard de Chardin struggled long and hard with this problem on a cosmic scale. His conclusion was that "On neither side" (of absolute optimism or absolute pessimism) "is there any tangible evidence to produce. Only, in support

²¹Bernard Berofsky, *Determinism* (Princeton: Princeton University Press, 1971), p. 141.

²²Leona Tyler, "Design for a Hopeful Psychology," *American Psychologist*, XXVIII:12 (1973), 1028.

²³*Ibid.*, pp. 1028f.

of hope, there are rational invitations to an act of faith."²⁴

Pragmatically, such a faith is rooted in the realization that negative assumptions about the nature of reality leave us powerless and alienated, doomed to a meaningless struggle in a meaningless life, strangers and alone in a universe without meaning--or at best stuck in ambiguity and condemned not only to freedom (as Jean Paul Sartre insisted we are), but to ineffectualness and inevitable frustration in all our efforts. Rationally, we can have faith "that the ultimate nature of things lie together in a harmony which excludes mere arbitrariness", as Whitehead put it:

To experience this faith is to know that in being ourselves we are more than ourselves. To know that our experience, dim and fragmentary as it is, yet sounds the utmost depth of reality: to know. . . that this system includes the harmony of logical rationality, and the harmony of aesthetic achievement: to know that, while the harmony of logic lies upon the universe as an iron necessity, the aesthetic harmony stands before it as a

²⁴Pierre Teilhard de Chardin, *The Phenomenon of Man* (New York: Harper & Row, 1959), p. 233.

I do not agree with Teilhard, however, that we have to be convinced that success is absolutely assured before we can commit ourselves to building the earth. It appears sufficient for me that there be hope--the possibility of a successful issue to our evolution, and the possibility of our own meaningful involvement--the assurance, that is, that our own effort can make a difference in the outcome, however small.

Saint-Exuperie, I think, said it beautifully: "*Être homme, c'est précisément être responsable. . . . C'est sentir, en posant sa pierre, que l'on contribue à bâtir le monde.*" (To be human means precisely to accept the responsibility. . . . It means to be aware that by putting down one's stone one is helping to build the world.) Antoine de Saint-Exupérie, *Terre des Hommes* (Paris: Gallimard, 1939), p. 55.

living ideal moulding the general flux in its broken progress towards finer, subtler issues.²⁵

Or, in Harvey Jackins' words:

If you think that reality is giving you the signals for despair and pessimism, you haven't looked beneath the surface, or you have taken a static view of reality instead of looking at the forces that are growing and moving out. You take it on faith till you can look for yourself. But I have looked very hard, and there is no question: a careful examination of reality will always support a positive, optimistic position.²⁶

But there is also the epistemological-existential conclusion: If it is true that we create our reality by what we give power to, what we energize with our attention and effort --then the only conception worth our attention must be the reality we wish to create, i.e. the most perfect goodness and fullness of life we can imagine.

The answer, it seems to me, hinges on our acceptance or rejection of the possibility that real solutions to our problems can be worked out. It hinges on our understanding that the limits of our power are determined to a degree as yet unsufficiently understood, but certainly greater than we have assumed, by what we consider possible. And it hinges on our realization that we need not resign ourselves to stop-gap measures, symptomatic relief, adjustments to inhuman

²⁵Alfred North Whitehead, *Science and the Modern World* (New York: Macmillan, 1925), p. 18.

²⁶Harvey Jackins, at La Sherpa, RC Teachers Workshop, 1975. Transcript from tape of class lecture.

conditions and methods, and choice of the lesser evil, but can commit ourselves to a process of healing and wholeness, and a way of life.

Which brings us back to the requirement of faith, and to Teilhard de Chardin's assertion that "in support of hope there are rational invitations to faith."

The many contemporary efforts at transformation of our consciousness, of which Re-evaluation Counseling is one, give occasion for hope, I believe.

CHAPTER 2

ASPECTS OF A THERAPEUTIC WORLDVIEW

The Evolutionary Perspective

What would be the characteristics of a world view that could be considered "therapeutic"--that is: a conceptualization of human nature and of the nature of reality that would provide a solid basis for hope and faith?

Teilhard de Chardin was convinced that a "scale of new dimensions" was needed. For him the most significant development of the past hundred years was the discovery of evolution, "revealing the irreversible coherence of all that exists", and the fact "that the distribution, succession and solidarity of beings are born from their concrescence in a common genesis".¹ He was convinced that the impact of this discovery was in no way confined to the sciences in which the idea of evolution was first envisaged:

Blind indeed are those who do not see the sweep of a movement whose orbit infinitely transcends the natural sciences and has successively invaded and conquered the surrounding territory--chemistry, physics, sociology, and even mathematics and the history of religion. . . . Is evolution a theory, a system, or a hypothesis? It is much more: it is a general condition to which all

¹Pierre Teilhard de Chardin, *The Phenomenon of Man*, (New York, Harper & Row, 1959), p. 218. *Le Phénomène Humain* (Paris: Editions du Seuil, 1955), p. 240. (I have changed the translation from "solidarity of objects," which is incorrect for "*la solidarité des êtres*").

theories, all hypotheses, all systems must bow and which they must satisfy henceforward if they are to be thinkable and true. . . . Henceforth, what makes and classifies a "modern" man . . . is having become capable of seeing in terms not of space and time alone, but also of duration, or . . . of biological space-time; and above all having become incapable of seeing anything ² otherwise--anything--not even himself.

According to these criteria most theories of human behavior are not yet truly modern. The focus in psychological investigation and speculation has been almost exclusively on the development of the individual and on the evolution of human characteristics in the course of the individual human life.

The information so gathered and the conceptions so developed are, of course, contributing to a "modern" view. Such studies as Jean Piaget's investigation of the evolution of cognitive structures in his formulation of a genetic epistemology, Harry Stack Sullivan's description of interpersonal development, Erik Erikson's classification of developmental stages, as well as the insights offered by learning theories and Gestalt psychology etc., have all taught us a great deal about the way human beings evolve from infancy to maturity, and about how we learn to interact and cope successfully with our environment. More recently Felix Goodson has attempted to present a unified theory of the "Evolutionary Foundations of Psychology", interpreting the adaptive

²Pierre Teilhard de Chardin, *The Phenomenon of Man*, (New York, Harper & Row, 1959), p. 165.

function of the human mind and in particular of human self-consciousness (the "autocept" as Goodson calls it) from a behaviorist point of view.³ What is overlooked in most of these theories, however, or considered only *en passant*, is "the irreversible coherence of all that exists", which poses the question of the place of man in the universe, and of the significance of individual human development for the evolution of the whole.

Teilhard de Chardin envisaged the evolution on our planet (and presumably in the whole universe) as proceeding along an axis of increasing complexity-consciousness. In this process the emergence of human consciousness constitutes a critical term; a threshold was crossed when the phenomenon of reflection appeared on this planet. Writes Teilhard:

. . . reflection is the power acquired by a consciousness to turn in upon itself, to take possession of itself as of an object endowed with its own particular consistency and value: no longer merely to know, but to know that one knows.

This ability to reflect is what "constitutes the strictly "intelligent being", and Teilhard concludes that "intelligence is the evolutionary lot proper to man, and to man alone,"⁴-- *Gabe und Aufgabe*: gift and responsibility--

³Felix E. Goodson, *The Evolutionary foundations of psychology* (New York: Holt, Rinehart & Winston, 1975).

⁴Teilhard de Chardin, *Phenomenon of Man*, p. 165.

defining man's place and significance in the evolutionary process.

Refusal of the Challenge: The Disease called Man

The crucial importance of human self-consciousness is acknowledged also in psychoanalytic theory; but the significance of the phenomenon is seen in a very different light. Sigmund Freud and many of his followers see the acquisition of consciousness by man not as a gain but rather as the "loss of paradise", so to speak--a loss, that is, of the uninhibited expression and satisfaction of all instinctual drives. Since these unconscious desires for unrestricted pleasure are not acceptable to consciousness, they have to be rejected and repressed. Thus man becomes "the animal which represses himself and which creates culture and society in order to repress himself".⁵ "Man, the social animal, is by the same token the neurotic animal", and "his superiority over the other animals is, precisely, his capacity for neurosis."⁶

This point of view leads to a re-definition of human existence in terms of a "disease", and to a re-interpretation of human history as a neurosis. Freud writes:

⁵Norman O. Brown, *Life against Death*, (Middleton, Conn.: Wesleyan University Press, 1959) p. 9.

⁶Ibid., p. 10.

What appears. . . as an untiring impulsion toward further perfection can easily be understood as a result of the instinctual repression upon which is based all that is most precious in human civilisation. The repressed instinct never ceases to strive for complete satisfaction, which would consist in the repetition of a primary experience of satisfaction. No substitutive or reactive formations and sublimations will suffice to remove the repressed instinct's persisting tension. . . . 7

The only possible solution to this tragic dilemma lies in what Norman Brown describes as "a way out of the nightmare of endless 'progress' and endless Faustian discontent, a way out of the human neurosis, a way out of history"--that is: psychoanalytic therapy, which frees the neurotic individual from the burden of the past through the method of deepening his historic consciousness "till he awakens from his own history as from a nightmare". Likewise, in Brown's view,

Psychoanalytical consciousness, as a higher stage in the general consciousness of mankind, may be the fulfillment of the historical consciousness. . . . If historical consciousness is finally transformed into psychoanalytical consciousness, the grip of the dead hand of the past on life in the present would be loosened, and man would be ready to live instead of making history, to enjoy instead of paying back old scores and debts, and to enter the state of Being which was the goal of his Becoming. 8

: Paradise regained, by return to the undivided unity of nature--the dream and longing of all cultures, it seems:

⁷Sigmund Freud, *Beyond the Pleasure Principle*, quoted in Brown, p. 19.

⁸Brown, p. 19.

nostalgia . . . But for Teilhard--who sees the social phenomenon as the culmination and not the attenuation of the biological phenomenon⁹--such a "solution" must be attributed to the "sickness of the dead end--the anguish of feeling shut in . . ."¹⁰ that overcomes us when we fail to understand that our existence is part of a universal genesis, a cosmic process of evolution becoming conscious of itself. As long as, despairingly, we believe that "nothing has changed, and nothing is changing any longer since the beginning of history"¹¹--there exists the danger that the elements of the world should refuse to serve the world--because they think."¹² The challenge is formidable:

Evolution--by becoming conscious of itself in the depth of ourselves. . . becomes free to dispose of itself--it can give itself or refuse itself. . . For an elementary part we hold it in our hands, responsible for its past to its future. 13

What is to give us the strength and even the joy to accept the prospect of our responsibility and bear its weight?¹⁴

⁹Teilhard de Chardin, *Phenomenon of Man*, p. 19.

¹⁰*Ibid.*, p. 229.

¹¹*Ibid.*

¹²*Ibid.*, p. 228.

¹³*Ibid.*, p. 226.

¹⁴*Ibid.*, p. 229.

The Behaviorist Dilemma

It is to this question of human responsibility for evolution that B. F. Skinner addressed himself in "Beyond Freedom and Dignity". He agrees with Teilhard that the basic explanatory conception of life and of the nature of man must be one of evolutionary process. This process, according to Skinner, has orderliness and direction, but no apparent goal. The direction is one of making organisms progressively more responsive to the environment, bringing them more and more under the control of a more complex and wider range of more remote consequences of their behavior. The controlling factor in this process is the environment; and man is seen not as a center from which behavior emanates, but as a mediator between past history and current behavior. Whatever moves and directs this process is wholly immanent to it.

Skinner also agrees with Teilhard that in man biological evolution is accompanied and superceded by social evolution. This social or cultural evolution brings him under the control of remoter consequences of his actions and induces him to act for the good of others. Skinner's own research showed that the human organism is able to choose how and by what it will be re-inforced. But he is at a loss to explain why this should be so, and how such choices are made, or why the "good" should be re-inforcing.

According to strict behaviorism all conditioned re-inforcers (esteem, social approval or censure etc.) derive their power from personal re-inforcers, and public interest is always based on private interest. As Skinner puts it:

Things are good (positively reinforcing) or bad (negatively reinforcing) presumably because of the contingencies of survival under which the species evolved. . . . As a result it is part of the genetic endowment called "human nature" to be reinforced in particular ways by particular things. . . . All reinforcers eventually derive their power from evolutionary selection. 15

In such a process the concept of responsibility clearly can have no meaning. And so Skinner is faced with a fundamental dilemma in our present situation. The evolutionary process is apparently running into trouble in that man is acquiring the power and capability to destroy or drastically alter the whole process, or at least to destroy his own race and culture. Faced as we are with the fact that all of our great problems have become global, Skinner recognizes the danger clearly:

The cultures of the world must find ways to bring the terrifying possibilities to bear on the behavior of their members. 16

But how are we to do this? On the basis of the behaviorist assumptions it is impossible to explain why people should begin to care about the good of mankind and the welfare of

¹⁵B. F. Skinner, *Beyond Freedom and Dignity* (New York: Knopf, 1971), p. 105.

¹⁶*Ibid.*, p. 137.

remote future generations.¹⁷ Skinner notes that some do, and that therefore, evidently, some cultures are able to promote a concern for their own survival. But his answer quite openly begs the question:

There is no reason why you should be concerned, but if your culture has not convinced you that there is, so much the worse for your culture. 18

The problem remains urgent, however. Skinner believes that we have the capability to develop a technology of behavior which could influence the process and guarantee the survival of mankind. But to what end would such a technology be used, by whom and for whom? And what, asks Skinner "is the meaning of life for the individual and the species?"¹⁹

Clearly, from within the behaviorist point of view such a question is unanswerable, and Skinner is forced to admit that he sees no rational basis for motivation to assume the great responsibility, except in the gravity of the crisis.

In Teilhard de Chardin's perspective, on the other hand, the dilemma finds its solution precisely by being recognized and faced in all its seriousness. He writes:

. . . by the very fact that we have measured the truly cosmic gravity of the sickness that disquiets us, we are put in possession of the remedy that can cure us. . . . The answer to the uneasiness of the modern world springs

¹⁷*Ibid.*, p. 136f.

¹⁸*Ibid.*, p. 137.

¹⁹*Ibid.*, p. 102.

up by itself when we formulate the dilemma in which the analysis of our action has imprisoned us. Either nature is closed to our demands for futurity, in which case thought, the fruit of millions of years of effort, is stifled, still-born in a self-abortive and absurd universe. Or else an opening exists. . . . Between these two alternatives of absolute optimism and absolute pessimism, there is no middle way. . . . We are confronted, accordingly with two directions, and only two: one upwards and the other downwards. . . . 20

However, when the alternative of hope is weighted with logic, and in a sense by the promise of a whole world--how could we hesitate? Teilhard is sure of his conclusion:

The world is too big a concern. (*En vérité, le Monde est un trop grand affaire*). To bring us into existence it has from the beginning juggled miraculously with too many improbabilities for there to be any risk whatever in committing ourselves further, and following it right to the end. If it undertook the task, it is because it can finish it, following the same methods and with the same infallibility with which it began. 21

Or in Skinner's terminology: if the concern for the good of mankind arose in response to the re-inforcing contingencies of the environment (and that, in Skinner's argument, is the only way it could possibly have come about!)--then there exists in the environment a power making for the success of evolution. Or in other words: the fact that concern for very remote consequences of his behavior and for the course of evolution itself appears in man constitutes a rational basis for man's responsibility for the direction his evolution must take.

²⁰ Teilhard de Chardin, *Phenomenon of Man*, p. 233.

²¹ *Ibid.*, p. 233f.

Acceptance of the Challenge: Emergence and Re-Emergence

Re-evaluation Counseling theory, also, is based on an evolutionary perspective. However, the uniquely human characteristic of "intelligence" which for Teilhard is constituted by the ability to reflect, includes in the conception of Re-evaluation Counseling the full area of rational thought and action. Man is qualitatively different from the life forms which preceded him on the evolutionary ladder not only because he knows that he knows, but because he is capable of creative response, invention and initiative. The emergence of human rationality constituted essentially an advance into freedom of choice: no longer determined, bound and driven entirely by conditioned instinctual reflexes, hereditary patterns, unconscious purposes, and the fight-flight, pleasure-pain mechanisms of the old vertebrate brain, but able to take thought and consider all the factors in a situation before choosing a course of action.

Re-evaluation Counseling theory--like Teilhard--stresses the point that this advance into rationality was no accidental phenomenon, but to the contrary represents a fundamental cosmic process, an upward trend in the universe, a tendency towards growth, integration, and mastery.²²

²²Bronowski's definition: "We are nature's unique experiment to make the rational intelligence prove itself sounder than the reflex." Jacob Bronowski, *The Ascent of*

Jackins writes:

Observably and as a hypothesis, it is useful to think of two great general processes operating in this universe. One is the . . . process of entropy, the running down, the second law of thermodynamics, the tendency towards disorder, towards chaos, towards randomness, towards lack of meaning. The other process . . . is the equally pervasive tendency toward order, toward meaning, toward integration. 23

Of this upward trend in the universe human beings are, as far as we know, the most highly evolved expression. Our responsibility, therefore, is to "expedite what we are about". Writes Jackins:

We may have begun as the helpless unaware pawns of an upward rising process, but we don't have to stay that way. . . The discharge and re-evaluation process, re-discovered accidentally, has given us the realization that it is possible to think all the time. 24

This enables us to act on logic rather than on feelings, and to begin organizing our own progress through full co-operation with the integrative process.

We try to grasp the function of this process in our lives in many concepts: reason and thoughtfulness, co-operation and caring, the responsibility for our universe, loving participation. What Jackins in his terse, direct manner has to say in the matter sounds in essence remarkably like Teilhard de Chardin's poetic vision of the cosmic

Man (Boston: Little Brown, 1973), p. 437.

²³Harry Jackins, *Present Time*, XIX (1975), p. 9.

²⁴*Ibid.*, p. 10.

function of love:

One name we have for this upward trend in the universe is love. I think love, which is often distorted and emerges in so many forms, is exactly that. What we reach for with this great yearning which sends the songster beating his guitar around the word, is just an intuitive recognition that the integrative tendency in the universe is what it is all about. Our place in this trend is the essential meaning of our existence. The wild songs that love is all that matters are reaching for a truth even though they have relied more on sentiment than on logic until now.

We can make the transition from sentiment and say clearly and logically that this is what it is all about. Love, the functioning of intelligence to enhance the process of which it is a part, is one of the highest expressions of this good trend in the universe.

Linking together these frontier functions of the good trend, these intelligences, these awarenesses in mutual effort, in mutual support is what we are trying to talk about when we say "love". We may glimpse love in an intuitive sense when we lay our warm skins against each other and hold on tight for a while: but it can also be looked at very logically and clearly as the point of this good trend in the universe trying to break through to new levels of functioning. Obviously, everything and everybody functions, flourishes, flowers and operates much better when these intelligences and the entities that bear them, take no action without thought for everyone else's survival. We have said, as a principle in RC, that any really good solution is a good solution for everyone, that there are no real conflicts between the survivals of different human beings. That has been one of our expressions of this principle.

I think that's sound. This can help us cut through a lot of fog and confusion. We can quit keeping our inspiration in one compartment and our good thinking in another.

25

Jackins also concurs with Teilhard's conviction

²⁵The excerpt is taken, like the two previous quotes, from the report to the International Reference Committee of the Re-evaluation Counseling Communities, January 1975: Harvey Jackins, "The State of the Cosmos," *Present Time*, XIX (1974), pp 9-22.

that we have come to the point where active and aware guidance of the process needs to take place. The part Re-evaluation Counseling plays in this co-operation with the upward trend is indicated by its function as the healing process for human irrationality.²⁶

This irrationality, the tendency of human beings to revert to more primitive conditioned functioning when distressed, is the "salient" which permits the disintegrating tendency to gain a foothold in the very center of human functioning. "Counseling is the weapon for liberating this salient. . . Real movement forward in the direction of uncluttering human intelligence and allowing it to operate . . . is taking place." The goal is the liberation of human intelligence from distress patterns "until every human is free".²⁷

This process of liberation also offers a solution to one of Teilhard de Chardin's most anguished questions: How--if "a universal love is not only psychologically possible, but in fact is the only complete and final way in which we are able to love"--"how are we to explain the appearance of all around us of mounting repulsion and hatred?"²⁸

²⁶*Ibid.*, p. 11.

²⁷*Ibid.*

²⁸Teilhard de Chardin, *Phenomenon of Man*, p. 267.

For Re-evaluation Counseling the "repulsion" and "hatred" are not so much expressions of a dark enigma or mysterious resistance at the heart of things, to be overcome in ardent struggle--but the result of accumulated distress that can be discharged, leaving the human being free to the co-operation with others which is our true nature.

Rational intelligence, loving co-operation, and finally ZEST are the three basic characteristics of human nature, according to Re-evaluation Counseling theory. For Teilhard de Chardin as well the significance of what he called "*le goût de vivre*" became more and more important in the later years of his life. His definition corresponds closely to the meaning of "zest" in Re-evaluation Counseling as the eager, interested enjoyment of experience. In an essay written in 1950, Teilhard explains:

By "zest for living" or "zest for Life", I mean here . . . that spiritual disposition, at once intellectual and effective, in virtue of which life, the world, and action seem to us, on the whole, luminous--interesting --appetizing. 29

Teilhard saw "zest" as nothing less than the mainspring and fundamental energy of universal evolution and he recognized the nourishment and development of this energy as the great task of our time. He writes:

It is, in truth, a strange prospect and one which for

²⁹Pierre Teilhard de Chardin, *Activation of Energy*, (New York: Harcourt, Brace, Jovanovich, 1971). p. 231.

a very long time now I have been unable to dismiss from my mind: that all over the earth the attention of thousands of engineers and economists is concentrated on the problem of world resources of coal, oil, or uranium --and yet nobody, on the other hand, bothers to carry out a survey of the zest for life: to take its "temperature", to feed it, to look after it, and (why not, indeed?) to increase it. 30

The nourishment and enrichment of this zest for life requires faith. Teilhard argues that--if we are not to suffocate under the weight of our very existence--we absolutely must know:

--that we are not prisoners,
 --that the way ahead is open, and that there is air, and light, and love, somewhere, beyond the reach of all Death. And we must know this without illusion or pretense. 31

It is clear that what Teilhard means by "faith" are basic assumptions about the structure of reality and the nature of man (and the similarity of his "absolute requirements" to the basic theoretical assumptions in the Postulates of Re-evaluation Counseling is remarkably close) --assumptions we have to make if we are not to perish: that there is a way of life for all--a fundamental "hope in common" as Teilhard says elsewhere. In Harvey Jackins' phrase: We need to believe that "ahead the thicket thins,

³⁰*Ibid.*, p. 236.

³¹The translation is my own from "*Le Gout de Vivre*", in Pierre Teilhard de Chardin, *L'Activation de L'Énergie*, (Paris: Editions de Seuil, 1963) p. 246.

the light shines through. . .)³² Without such faith and hope in an openness of the way, in a wider purpose or a wider meaning, we must fall into despair (instigating what Teilhard calls a "strike in the Noosphere", "a strike against life").³³

How real this danger can be is illustrated by the pessimism of the Freudian as well as the Behaviorist world view. Both Skinner and Freud were caught in the scientific materialism of the 19th century with its static and mechanistic conceptions of the nature of reality. Both, therefore, were incapable of adopting a consistently evolutionary perspective, despite their familiarity with evolutionary theories. Failure to perceive the phenomenon of man in its significant relatedness to a cosmic process restricted both to a study of man in isolation. This narrow focus is particularly striking in the case of Skinner who, at the theoretical level, clearly understands and persistently stresses the controlling function of the environment as the shaping, eliciting matrix of all behavior and development. However, despite his insistence that the contingencies of re-inforcement in the environment determine human nature and actions, and despite his scorn for the liberals and humanists who

³²Harvey Jackins, *Zest is Best*, (Seattle: Rational Island), p. 75.

³³Teilhard de Chardin, *Activation of Energy*, p. 236f.

restrict their attention to a zone "proper to man", an area, that is, of freedom and of dignity of autonomy and self-determination, the focus of Skinner's own research appears to be almost exclusively on "behavior", i.e. on the responses of man or animal to an essentially given environment ("given" even often in the most restricted sense of the concept, that is: experimentally designed by other men for the purpose of observation of isolated response patterns!) rather than on the environment itself or on what Whitehead referred to as the "plasticity of the environment". He thus exemplifies exactly what Whitehead describes as the basic attitude of scientific materialism in which "the givenness of the environment dominates everything" to the total neglect of "the other side of the evolutionary machinery, which. . . is expressed by the word creativeness".³⁴

Skinner is aware of the dilemma, and although he might reject the terminology, he seems to realize that the wages of sin (of radical separation) are death. He writes:

The individualist has a special reason to fear death. . . . It is the prospect of personal annihilation. The individualist can find no solace in reflecting upon any contribution which will survive him. He has refused to act for the good of others and is therefore not reinforced by the fact that others whom he has helped will outlive him. . . . In the defense of his own freedom and dignity he has denied the contributions of the

³⁴Alfred North Whitehead, *Science and the Modern World*, (New York: Macmillan, 1925), p. 111F.

past and must therefore relinquish all claim upon the
future. 35

In a way his "Beyond Freedom and Dignity" can be seen as a passionate attempt to break out of the isolation and find a basis for faith in humanity that would give meaning to individual life. What he does not seem to realize is that his rigid ascetic scientism--the irrational total faith in scientific objectivity--seduces him into dogmatism and idolatry: accepting as ultimate conclusions which by necessity must be particular, provisional, and finite. His insistence that no theory changes what it is a theory about, i.e. that reality is objectively determined and "given"--leaves him powerless before what (quoting Ernest Jones quoting Freud) he refers to as "the three heavy blows which the narcissism and self-love of mankind had suffered at the hands of science", dealt by Copernicus, Darwin and Freud, and reducing man successively in cosmological, biological and psychological significance."³⁶ The result, as he understands very well, is "a loss of faith or 'nerve' characterized by a sense of doubt or powerlessness, discouragement,

³⁵B.F. Skinner, *Beyond Freedom and Dignity* (New York: Alfred A. Knopf, 1971), p. 210. In Paul Tillich's terminology Skinner's concern might be understood as the desperate attempt to redress the balance from what he rightly recognizes as idolatrous autonomy by putting his full weight on conceptualizations which stress heteronomous aspects. Lacking faith, he tragically misses the possibility of theonomy.

³⁶*Ibid.*, p. 211.

depression or despondency"--the feeling of a person "that he can do nothing about his own destiny".³⁷ So with anguished concern Skinner tries to go beyond the freedom and dignity of the autonomous--(isolated)--individual, exhorting us to a vision of our common welfare³⁸ which might inspire us with enough hope and courage to choose life for our culture and thereby for ourselves. A hope, it seems, almost against hope, because without faith. . .

Sigmund Freud, on the other hand, saw man ultimately as an epiphenomenon, a deviation and decadence from the healthy animality of full instinctual life. Human self-consciousness separates the individual from the organic process of nature and forces upon him the realization that he must die. His neurosis drives him to repress the life instinct within himself and to attempt its sublimation into "work"--into the attempt, that is, to create social and cultural substitutes for the instinctual satisfactions he must deny himself. Since he cannot live, he fears death, and must repress his awareness of it and extravert it into aggression. The profound anxiety which arises from his fear of separation from the protecting mother (the separation, that is, from the organic unity of life which his self-

³⁷*Ibid.* , p. 211.

³⁸Although by his own theory exhortation is powerless to change behavior...

consciousness has brought about), and the guilt he feels over his aggressive and sexual drives, cause his neurotic flight from himself and his own nature into history. The cure of his affliction would require a recognition of the unity of life and death. But Freud's static dualism led him to postulate at the center of the process an irreducible "eternal conflict of two completely opposed forces: one seeking to preserve and extend life, the other seeking to reduce life to the inorganic state from which it arose".³⁹ From such a position of "suicidal therapeutic pessimism", as Norman Brown calls it, there is literally no way out of this tragic struggle, no way of salvation,

because it results in representing conflict not as human aberration but as a universal biological necessity. . . The Freudian dualism prevents us from positing any break with nature, and consequently precludes the notion of a return to nature; and since the failure to posit a break with nature entails the necessity of projecting man's sickness back into nature, a return to nature, even if it were possible, would not be a return to health.

40

In short, in the Freudian conceptualization of man and of life there is, in fact, no longer any hope.

Norman Brown maintains that such total pessimism is not inevitable. In his "Life against Death" he develops a "way out" of Freud's dilemma by proposing an ontology which

³⁹Brown, p. 100.

⁴⁰*Ibid.*, p. 84.

restores the possibility of redemption by means of the reunification of instinctual opposites. The evil, thus, need not be projected into the process itself, but can be interpreted as the aberration of man--(a kind of psychological version of the biblical story of the Fall). Brown writes:

It is the privilege of man to revolt against nature and make himself sick. But if man has revolted from nature, it is possible for him to return to nature and heal himself . . .⁴¹ If repression were overcome, the restless career of Faustian man would come to an end, because he would be satisfied and could say, "*Verweile doch, du bist so schön*".⁴²

Freud himself, I am sure, would have relegated such a "solution" to the area of symbolic wishfulfillment in dreams and fantasies--and in the biblical story our yearnings for a return to the undifferentiated paradise are opposed by a flaming sword. . .

The Problem of Good and Evil

How then are we to resolve these fundamental dilemmas of good and evil? It seems to me that Harvey Jackins, like Teilhard, L.L. White, and others, is right when he

⁴¹*Ibid.*

⁴²*Ibid.*, p. 91. The quote is from Goethe's Faust, Part II. The reference, significantly, is to the dying Faust's dream of anticipated fulfillment. *Zum augenblicke dürfte ich sagen: verweile doch.* . (to the fleeting moment I would finally be able to say: do stay . .).

insists that there exists no basic dualism, and that the two processes are complementary, and "undoubtedly two facets of the same reality, dependent on each other". "I am sure," writes Jackins, "that in the big universe the tendency toward randomness and entropy fuels the equally pervasive tendency toward growth and meaning."⁴³ If, therefore, we call "good" the manifestations of the integrating tendency, we must affirm also the disintegrating processes⁴⁴ which fuel this upward movement. "Evil", however, would be our co-operation with the disintegrating tendency, lending it the energies which should go into building up, allowing it to take over unnecessarily--"to slop into or defeat the upward process":

To sacrifice a child's life in order that the crops may prosper, was evil when it happened. To burn Stradivarius violins for fuel is evil under most conditions . . . Exploitation and oppression are outstandingly evil . . . To relapse into non-thinking when thinking is possible is evil. 45

Evil, thus, is equated with irrationality--with the rigidity that acts in terms of the past, unwilling to choose responsibly in the present and to trust the openness of the

⁴³Jackins, "The State of the Cosmos," p. 9.

⁴⁴Teilhard de Chardin discusses the two processes in human life as "activities" and "passivities", particularly in *The Divine Milieu*--the work he dedicated "to those who love the earth". Pierre Teilhard de Chardin, *The Divine Milieu* (Paris: Editions Du Seuil, 1957).

⁴⁵Jackins, "State of the Cosmos," p. 10.

future. As a relapse into non-thinking when thinking is possible, irrationality represents a retreat into the conditioned past of the species, disowning the uniquely human freedom of choice. Rationality, on the other hand, as the clearest expression so far of the integrating process, would be able to affirm both life and death as necessary and good, secure in the faith that "in ways that we don't yet understand the disappearance of stars into black holes leads to the creation of new matter."

This, in fact, is the theoretical position of Re-evaluation Counseling. In his own thinking Jackins seems to hold a somewhat different position. In an essay entitled "Is Death necessary?" he argues with brilliant cogency that it is not. He concedes that the evolutionary emergence of humankind was certainly dependent on a situation involving the death of living creatures.⁴⁶ And as long as change and transformation could only come about through mutations and could only be passed on genetically, any evolutionary advance depended by necessity on the succession of generations. But when rationality evolved and learning became possible which could be acquired and passed on through education, the death of the individual became unnecessary.:

Does the death of the individual serve any useful purpose

⁴⁶Harvey Jackins, "Is Death Necessary?" in his *The Human Situation* (Seattle: Rational Island, 1973). P. 164.

in the development of life's greater ability to take charge of and master the environment?. . . I think we will have to say no. As far as our observations have shown, the individual human being is capable of coping with and mastering any situation which he is likely to confront as long as he is able to function in a human way on his own inherent rational nature. . .

What human beings are good at, at being human, at coping with the environment in a variety of masterful ways, seems to improve with experience and wisdom, with the acquisition of new knowledge and skills. Aging and death have interrupted this process for all human beings in the past, but not to any useful purpose. 47

The discharge and re-evaluation process can be relied upon to help people avoid the pile-up of distress and irrationality which leads to degeneration and deterioration in the aging process. Protoplasm, after all, is immortal; "it must have been alive ever since life began, or it could not be alive today." 48

Asks Jackins:

Is it not likely that the idea of immortality put forward on a spiritual plane and in a mystical sense has been a projection of the correct idea that we really should be immortal? Has the notion of immortality been embraced because being rational, death no longer becomes us, serves no useful purpose? Has "immortality" in a religious sense been an intuitively-put-forward goal leading us to the point where our knowledge and control of the environment would enable us to actually put an end to physical death and bring physical immortality to the human race? 49

The question, certainly, is not unreasonable. But to my own

⁴⁷*Ibid.*, p. 165.

⁴⁸*Ibid.*, p. 168.

⁴⁹*Ibid.*, p. 174.

thinking the whole argument has a character of circularity and self-reference. The notion of physical immortality for any being seems fundamentally static, and exhibits a form of resistance to change which accords poorly with a universe in process of evolution. Of course, if the human level of rationality were, in fact, the highest possible form of integral development--i.e. if re-emergence from distress into full intelligent functioning were the limit and goal of the universal cosmic process, at least on our planet--: then, indeed, would we need to bend our energies to the attainment of physical immortality and to every effort at preserving the essence of the long laborious distillation that finally reached its perfection in us.⁵⁰ But if, instead, our re-emergence as human beings is really part of a universal emergence on a cosmic scale--then death loses its sting, and we become free to co-operate fully with the larger process whether we live or die, secure in the faith that in the universal in-gathering process of meaning nothing can be lost.

If, therefore, as Jackins himself wrote, our place

⁵⁰In "The Mass on the World" Teilhard prays: "Shatter, my God, through the daring of your revelation the childishly timid outlook that can conceive of nothing greater or more vital in the world than the pitiable perfection of the human organism." Pierre Teilhard de Chardin, *Hymn of the Universe* (New York: Harper & Row, 1961), p. 18.

in the integrating process of the universe is the essential meaning of our existence--then it becomes clear that death can appear irrational only to the isolated individual. Our quest for physical immortality reflects our feeling of separation from the larger life process. Despairing about the meaning potential of the process which is realizing itself in and through and beyond us, we proclaim ourselves the goal of this process, the be-all and end-all of creation. The ancient voice of the tempter still resounds in our ears: "Ye shall be like gods. Ye shall not die." And still the eating of the fruit drives us out of the garden and leaves us naked and afraid with the need to justify our existence. That is: when we no longer find our meaning in our contribution to the meaning of the whole, but judge it ourselves--knowing good and evil--we feel unacceptable as we are and in need of cover and hiding. Whether we have meaning, whether life has meaning, from then on seems to depend on us alone. So we must fear death. For if the realization of meaning depends on us individually, then the death of the individual becomes the ultimate evil, the ultimate irrationality.⁵¹

⁵¹"Are you not well aware that for us this is a question of life or death? As for me, if I could not believe that your real presence animates and softens and warms even the very least of the energies which invade me or brush past me--chilled to the very marrow of my being--would I not die of cold?" Translated from Pierre Teilhard de Chardin *Hymne de L'Universe* (Paris: Editions du Seuil, 1961), p. 36.

Yet it is not death which is irrational, but the fear of death. In fact, it seems to me that all irrationality is ultimately rooted in the fear of death and in our flight from death, i.e. in our attempts to avoid change and assert the unchangingness of reality, to resist transformation, to hold to the illusionary security of the past, to remove ourselves from the process by trying to become invulnerable, rigid, immortal. . .

This is the "death-in-life" that Freud speaks of, and it grows out of our distress, born of painful emotion, which urges us to despair. Despairingly we accept as reality the feeling that we are isolated, abandoned, imprisoned, powerless, strangers, and alone. The ultimate irrationality, the ultimate evil, therefore, is not death but the despair which affirms our radical separateness (what we used to call "sin" . . .). Rationally, we know that in reality we are "at home" in this world, children of and heirs to an immense surge of creative, purposive power, inseparably interwoven with all the processes in the universe and with each other. And it is clear that all religious practices--as well as the theory and practice of Re-evaluation Counseling--in the last resort aim at keeping us in touch with this reassuring, supportive and infinitely reliable reality through the fog and confusion of our distresses.

I think Jackins is right in his insistence that the

fear of death cannot be allayed with soothing persuasion or pious platitudes. But it seems to me that the attempt to quiet our deep anxiety by denying the reality of death is hardly more rational. Like all distresses, despair cannot be argued out of existence, but it can be discharged. Occasionally in the experience of Re-evaluation counselors there has appeared a phenomenon, "not yet fully understood, but undoubtedly real," referred to by Jackins as the "coming home process".:

This is the process that takes place when a client who has been isolated from other humans (almost any client) finally makes close and real contact with another person, usually with the co-counselor. There may be lots of the usual kinds of discharge too, but some of what takes place is not, at least obviously, in the usual modes of discharge. Something very profound happens. The client will "melt" into the counselor, long sighs of relief take place, and often great waves of heat come off the client. . . . It is certainly very akin to other processes and directions that we have called discharge and re-evaluation. . . . I have talked about it at workshops and have sometimes demonstrated it, but I haven't yet tried to write it up. . . . because I don't think we know enough about it as yet to do this.

52

Another possible conclusion might be that not only do we not yet know enough about the phenomenon to describe it accurately, but that there is something intrinsically ineffable about the experience. So far, at least, it has been the poetry rather than the theoretical statements of Re-evaluation Counseling which expresses and communicates some of the essence of the coming-home experience.

⁵²Jackins, "The State of the Cosmos," p. 18 (Frontier Questions).

For instance, Kathy McHale's popular song: Welcome Home, gives insight into the interpersonal dynamics:

Welcome home, my radiant human child!
You've been alone for far too long
Been hurt so much and grown so strong,
And always struggled on to find a home.

Welcome home, you precious glowing child!
I've waited here through all your tears,
Held you tight through all your fears;
Now you see at last you're not alone.

This is our rebirth, this is our blooming,
Our bodies touching, no need for words.
I hold you close, just pressing closer
We flow together till our souls touch.

Welcome home, our laughing blooming child!
I look into your eyes and see
Myself and how you care for me
Our glowing souls tell me, we are at home!⁵³

The content of the experience is expressed in a poem written by Rita Ramsey:

Welcome.

We've all been waiting for you.
For you
Your arrival has been marked, has been recorded
 on earth,
 in the universe,
 in the galaxies,
 in all of space
 in all of time.

You come with a birthright, written in love and sung
 through all
creation in words which promise
 that no matter where you're at,
 you're home

⁵³From "Sounds Good," a song cassette produced by Re-evaluation counselors. Side 1.

that no matter who you're with
 you're welcome
 that no matter who you are
 you're loved.

Welcome.⁵⁴

From my personal experience with the phenomenon both as a counselor and as a client I am convinced that the experience is deeply mystical. What is being discharged in this "melting" is the ice of separateness, the frozen rigidity of having to "go it alone", the chill of estrangement, and the fear of death.⁵⁵ The resulting re-evaluation seems to include a realization of unconditional cosmic acceptance at an immediately personal level:

You are beloved by all creation, too.
You are as good as goodness' meaning reaches. 56
You are secure, your fears are long ago.

It seems to me that the coming-home phenomenon represents healing at the deepest level of life--an experience, that is, of what we used to call salvation and the forgiveness of sin.

⁵⁴In *Seeds and Crystals* (Seattle: Rational Island, 1974), p. 1.

⁵⁵The imagery seems significant. Teilhard knew that in separateness we must "die of cold--chilled to the very marrow of our bones." And the center of Dante's *Inferno* is an icy hell so cold that the tears of the damned souls freeze into ice masks over their faces...Dante Alighieri, *The Divine Comedy* (New York: Random House, 1950), Canto XXXIII, *Inferno*.

⁵⁶Jackins, *Zest is Best*, p. 65.

Some two thousand years ago an itinerant Jewish Rabbi, reportedly, experienced this unconditionally positive relatedness to the meaning of the whole in the most total cosmic affirmation ever heard by a man: "You are my beloved son in whom I am well pleased". As the story goes, he was without sin--i.e. he managed to maintain this positive relatedness in utter faithfulness (or as we might say: with complete rationality) throughout a difficult life and an anguished, tortured and shameful death. The example he set makes very clear what a rational human death would be like: a death not sought but accepted with courage, not glorified or sentimentalized, but faced and suffered, taken in stride, as it were, in the day's work of attending to the urgent business of life. A death transformed from the distress of losing one's life into the joy of giving one's life for many --so that we might have life and have it abundantly--that sins may be forgiven--that unconditional relatedness might be realized.

Obviously, this is an aspect of the life of Jesus as well as of Re-evaluation Counseling that speaks very directly to my own condition. But I think it is relevant also to the problem under investigation in this study: There is a good deal of evidence that alienation and the fear of death loom large in the lives of people who become

alcoholic.⁵⁷ And if the relationship between anxiety and irrationality is as direct as I perceive it to be, then any effort to increase the level of rational functioning of human beings must concern itself with the question of separateness and re-union, isolation and reconciliation, sin and salvation. In particular, we would have to draw the conclusion that only a world view affirming unconditionally the possibility of positive relatedness to the whole is capable of making sense and offering a reliable basis for hope and faith.

⁵⁷The point is stressed in "Philosophical-Religious Factors in the Etiology and Treatment of Alcoholism," *Quarterly Journal of Studies on Alcohol*, XXIV (1963), 474.

CHAPTER 3

RE-EVALUATION COUNSELING AS A RELIGIOUS MOVEMENT

In the policy statements and guidelines for Re-evaluation communities formulated during the past few years increasing stress has been put on the fact that Re-evaluation Counseling is not primarily a therapeutic method or self-improvement technique, but must be understood as a "movement". Its history appears to support the assertion: after tentative beginnings in the 1950s Re-evaluation Counseling developed gradually and in the main locally through the work of a group in Seattle who called themselves Personal Counselors. The first geographic expansion began around 1970 when a few Personal Counselors who had moved to other areas began teaching classes in the method and forming groups of co-counselors. Today (1975) there are some 90 organized areas and subareas in most of the States and many foreign countries, and at least an equal number of unorganized groups of co-counselors. There are over 600 certified teachers of Re-evaluation Counseling, and the number of regular co-counselors is estimated at 20 - 30 thousand people worldwide.

The rapid expansion certainly justifies the technical definition of a "movement". Other aspects are not as directly measurable but equally significant, I think.

For instance: it seems that the theory and practice of Re-evaluation Counseling has considerable power to generate a common value structure for its members. Such at least has been my personal experience with the movement, and the experience of many of the people I worked with over the past four years as a co-counselor and teacher of Re-evaluation Counseling classes. During this time I have observed definite changes in myself as well as in most of the people who are engaged in Re-evaluation Counseling. Obviously, there are great individual differences in the amount of such change, and in the forms in which it expresses itself. Yet I continue to be impressed with the fact that these changes appear to be readily observable in behavior, both verbal and non-verbal; that they are in a definite direction, and that they are predictable and--as my study shows, I think--to a certain degree measurable.

The direction of change can be generally defined as one of increased positive valuing of the self and others and greater affirmation of life and the world as such, as well as greater feeling of responsibility and initiative. Specifically there appears to be a noticeable increase in optimism, self-esteem, self-confidence and zest, more expression of positive feelings for others, with a corresponding decrease in rigidity, criticism of self and others, distrust, and expressions of helplessness, hopelessness, and despair.

These changes also find expression in a set of common attitudes and behaviors which give the Re-evaluation Counseling communities some of the flavor of a genuine sub-culture. For instance, on meeting another co-counselor for the first time, I would expect to

- be greeted with an embrace or other gesture of affirmation
- be validated without reservation as a precious human being
- be expected to be "in charge" at all time, capable of making intelligent responsible decisions and acting purposefully and successfully
- be expected to validate myself without reservations and to refrain from invalidating others
- be expected and encouraged to enjoy pleasurable feelings and to discharge painful emotions during counseling sessions, but to be guided in my actions by reason rather than feeling
- be expected and encouraged to see myself as involved in a process of liberation requiring work and discipline, towards the goal of re-emergence as a rational, fully functioning human being, both for myself and for others.

In short, I would expect to hold quite a number of values in common with any co-counselor, anywhere.

These impressions are personal and obviously subjective; but they seem relevant, nevertheless, as an indication of the effectiveness of Re-evaluation Counseling in

creating a climate of shared values.

It is also clear, I think, from much that has been discussed so far, that Re-evaluation Counseling contains a definite message, a set of basic assumptions about human beings and about our world which, taken as a whole, are distinct and unique. This message is inspirational, urging adoption of a specific world view and a discipline of attitude and action. There is a good deal of emphasis on the importance of "correct theory"; and the effort to prevent "errors" and "distortions" in the presentation of Re-evaluation Counseling principles through admixture of other conceptions and theories has led to schisms, and to the excommunication of some groups of co-counselors by the international leadership. Educational efforts aim at improving the practice of co-counseling and strengthening the commitment to the values and goals of Re-evaluation Counseling.

There is also a concerted effort at community building--the setting up of organizational structures for members to support each other and to further Re-evaluation Counseling activities.

And there is, finally, a missionary effort (called outreach and permeation), which involves a significant part of the resources¹ and activities of the communities in the

¹For instance: *the Guidelines for Re-evaluation communities* require teachers of Re-evaluation Counseling to contribute one-fourth of the tuition they charge to the

service of reaching new populations with the Re-evaluation Counseling message and finding ways to bring Re-evaluation Counseling principles and practices to bear on existing social and institutional structures.

In short, looking at the phenomenon of Re-evaluation Counseling as a whole, it seems to me that it may be understood most clearly if it is seen as a religious movement.

It is true that so far the official stance of the movement--if such a thing exists--has been non-committal, if not outspokenly a-religious, and critical of existing religious conceptualizations.² But it is also true that the first firm footholds of the movement outside of Seattle were established in Quaker Meetings--and that even today a majority of Re-evaluation Counseling classes and workshops are held in churches, Meeting houses, synagogues, and the conference facilities of religious institutions, and that a

Re-evaluation Foundation for the purpose of "outreach" (Proposal 32). Similar requirements apply to funds collected at workshops. Harvey Jackins, *Guidebook to re-evaluation counseling* (Seattle: Rational Island, 1975), Appendix.

²"If God can be accepted to be at least the whole universe, then, of course, our Re-evaluation Counseling relationship in this way can be said to be religious. We do not in practice use the word "religion" since it is so restimulative of distress and irrationality for almost anyone, whether the irrationality is pro or con." Harvey Jackins in an interview quoted in "Religious Participation and search for human community" (unpublished M.A. thesis, University of California at Santa Barbara, 1971), p. 21.

growing number of co-counselors and teachers of Re-evaluation Counseling are clergy or members of religious orders.

It is also true, I think, from much that has been discussed so far, that Re-evaluation Counseling can and does have a religious function for many people. That is, it appears to meet at least some of what Howard Clinebell describes as the religious need (or the "religious-philosophical-existential" need) of man on the assumption that "a religious-philosophical answer represents the only adequate means of satisfying the need". This universal religious need, in Clinebell's analysis, is threefold: 1. The need for an experience of the numinous and transcendent. 2. The need for a sense of meaning, purpose and value in one's existence. 3. The need for a feeling of deep trust and relatedness to life--for experiencing oneself as being a part of the whole universe.³

I think it has become clear from the discussion so far that the need for meaning and the need for positive relatedness to the whole are closely related, and that the world view of Re-evaluation Counseling makes possible the satisfaction of these needs. The manner in which the experience of the numinous is related to the experience

³Howard J. Clinebell, Jr., "Philosophical-Religious Factors in the Etiology and Treatment of Alcoholism," *Quarterly Journal of Studies on Alcohol*, XXIV (1963), 477.

of meaningfulness and relatedness may be more difficult to see, because traditional religious conceptualizations have directed us to attribute our experiences of awe, wonder, and ecstatic delight to supernatural sources. But if human beings are the creative participants in an evolutionary creative process which aims at maximum realization of beauty and meaning, the distinction between immanent and transcendent meaning becomes impossible. In such a process all experiences always involve a "within" as well as a "without", an objective as well as a subjective realization, and the natural and the supernatural reveal themselves simply as two different perspectives from which to describe what is going on in an unitary process. In Re-evaluation Counseling the experience of the numinous--of awe and intense wonder and ecstasies--is expressed in many ways, most generally, I think, as the experience of "new birth"--that is, of a profound re-evaluation of all of life and of one's part in it and relationship to it. For many people in Re-evaluation Counseling, sometimes suddenly, more often gradually, there seems to occur a radical transformation of being in the world, leading to a totally new, unexpected perception of his or her own infinite preciousness and power, and of the unlimited approvability and delightfulness of all human beings and of all life. The Re-evaluation Counseling journals abound with expressions of this experience and with

testimonies to the power of the new life whose enthusiasm and depth of feeling--despite the almost total absence of traditional religious imagery--are strongly reminiscent of revivalism. One example will have to stand for many. In answer to the question: Are you (or is someone you know) "really living" these days? What is different from the pre-counseling past? An experienced co-counselor and leader of her community wrote:

There don't seem to be words to describe the joy of eagerly anticipating each day for whatever it may bring, rather than struggling to emerge each morning from the swamp of the past. Or the relief of discovering you love the real you you're finding when you'd been so afraid you'd turn away in disgust. Or the affirmation that people are as beautiful as you'd always thought: all the other stuff's just patterns. . . . It's meeting and reaching each other heart to heart and loving and being loved as we have waited so long to do, without the barriers and hurts we carried before. It's the difference between the bitter bewilderment of it all and the glory of finding one's niche in the universe and those to share it. It's the ecstasy of dancing in the meadow even in repose, and all of it makes the effort and the agony mere stepping stones. The difference is so many lightyears from what life was before that I can scarcely wait to see what the next year will bring. (This is only a partial list.) ⁴

The themes touched in this account: renewal of life, self-acceptance, release of the power to love, release from guilt and blame, experience of meaningfulness and communion, joy, transformation of suffering, radical renewal--address all three areas of religious need as well as some of the

⁴Margaret Vasington, "Really Living," in *Present Time*, No. 13 (October 1973), 33.

traditional aspects of mystical experience. It seems to me that there can be little doubt that these accounts constitute an expression of genuine religious experience, confirming the conclusion that Re-evaluation Counseling--despite its avoidance of religious terminology--is really a religious movement.

The theory of Re-evaluation Counseling, certainly, has all the aspects of a gospel, a message of Good News. : Good news first about reality: reliable, trustworthy, supportive, intelligible reality--a reality for human beings: this is my Father's world--the reality of Einstein's famous statement: *Der Herrgott ist raffiniert, aber boshaft ist er nicht*. --God may be subtle--but he is not mean. Jackins expresses the essence of this faith in reality in terms of re-assurance to co-counselors:

Be of good cheer! The universe is knowable to any desired degree. The universe is handleable to any degree that you want to make the effort. You do not need any more intelligence than you already have. You do not need any more information than you can acquire. Any appearance to the contrary will yield to the difficult and uncomfortable, but also possible, process of discharge and re-evaluation.

Good news also about humankind: the rational creative potential and innate co-operative and zestful nature of the human being waiting to be appreciated and released in every situation. The realization that we are truly created in the image of God--that we can co-operate in bringing into reality the meaning potential of the process--that we can unconditionally

love and support each other towards rationality and freedom.

Good news, finally, about life: that there is a healing process in the universe which permits us to discharge our distresses and re-evaluate our experiences in the light of a trustworthy reality--that sins can be forgiven--and that we can free ourselves from fear, invalidation, and irrationality, and claim our natural inheritance of freedom and power.

Taken as a whole, this message does not seem to me to be so very different from the good news about the kingdom of God, the brotherhood and sisterhood of humankind, and the forgiveness of sin that Jesus taught. Certainly what he summed up as the great commandment and the way to life--that we must love God with all our heart, soul, strength and mind, and our neighbor as ourselves--describes very accurately the basic attitudes taught in Re-evaluation Counseling. Like Jesus in his own life and in his teaching, Re-evaluation Counseling theory insists that such an attitude of unconditional affirmation of life and of every human being, including the self, is not only essential, but possible--and in fact the only practical attitude to take if we are to live fully and freely.

The theoretical assumptions in Re-evaluation Counseling are that love is the natural way human beings feel about each other when they are not distressed, and that,

rationally, there is never a real conflict between the real interests of human beings. Such an assumption can only be made on the basis of "grace"--or of what one might call the "quality dimension" of reality. We have tended to associate value--love, life, joy, meaning--with quantitative measures. But it is the nature of the quantitative--the material--that it can be divided, and that shares become smaller the more widely it is distributed. (It is also the realm of the law and of justice--an eye for an eye. . .) In the realm of quality, however, which is the realm of the creative spirit, of love, and of essential humanness--it is precisely the widest possible sharing, the most complete openness and relatedness--which creates abundance (as Jesus demonstrated with the loaves and fishes).

The evolutionary process of integration can also be seen as a process of essentialization--as the transformation of quantity into quality, matter into spirit. In the qualitative realm there is, in fact, no conflict between true interests of human beings: any increase in humanness, rationality, joy, zest, understanding, knowledge, freedom etc. enriches all; and conversely, no true human gain is possible through oppression and exploitation.

In Re-evaluation Counseling this understanding is translated into very practical attitudes and methods: co-counselors learn and practice to validate their own essential

nature as loving, intelligent, imaginative humans at all times, and to address with appreciation, expectancy and delight the essential humanness of their clients. Love-- understood as an attitude rather than an emotional response to another human being--is released from its tangled and knotted ties to motivation and needs by the clear distinction between feelings and rational behavior. (Mary McCabe makes this distinction very clear in her insistence that loving another person means to be thoughtful, to think about him or her, and to assume responsibility for the relationship. Harvey Jackins rarely uses the term "love", but defines the required attitude as a point of view. (The following is transcribed from a tape made recently at a class lecture):

There are fundamentally two different points of view. The first person singular, the client, must always retain his sense of ultimate responsibility, and while not berating herself for not moving faster, must nevertheless always move in the direction to retain the perspective that "I will make it on my own--I can use a fencepost as a counselor, if necessary. I just keep the right direction, and I can find clues in the nature of the universe, and so on." The second person singular or plural, the counselor, must always assume that the client is doing exactly the best she can, and if something more and better needs to happen, then it is I, the counselor, who has the freedom to manoeuvre because I am not in the client's "cage." Any notion of my restimulation from the client's "cage" is simply a cop-out, because there is always at least some zone of choice to be restimulated or not--which puts the counselor, sort of, in the same position as the client: first person singular

or plural: complete responsibility.⁵

While ostensibly dealing with the counseling situation, this description of the correct point of view for the first person singular applies to all relationships, and expresses, I believe, exactly what Frank Kimper describes as the attitude of unconditional love that must be maintained towards every human being.⁶

Accordingly, it becomes possible to adopt and maintain an attitude of love no matter how one feels, acting on faith--i.e. on the reality of what one knows to be true: that the human being is unconditionally lovable at all times.⁷

⁵La Sherpa RC Teachers Workshop, September 1975.

⁶Frank Kimper, "Meditations on Love," particularly the chapter on Love and Anger, (1971, Mimeographed).

⁷The confusion of love as the natural feeling we have for each other when we are not distressed with love as an attitude has led to a great deal of introspection and anguished self-preoccupation in many periods of Christian history. If purity of motivation is required, and if we have to feel loving before we can act lovingly, constant scrupulous self-examination is obviously inevitable--as manifested by Jansenist and other pietist groups, by the tortured self-searching of Kierkegaard, by certain manifestations of Jesuit piety (despite the clear warning by the founder of the Society against "Scruples", and his explicit "Rules for the Discernment of Spirits"--which deserve a place, I think, in any modern manual of Pastoral Counseling!) Ignatius of Loyola, *Spiritual Exercises of St. Ignatius* (Chicago: Loyola University Press, 1951), Sec. 313, 345.

Jesus, certainly, seems to have been concerned with attitudes and actions rather than with feelings and motives. He does relate that the Samaritan's "heart was filled with pity", but his instruction is clearly to the action: "You go, then, and do the same". Luke 10:25-37.

The insistence in Re-evaluation Counseling theory that rationality, love, thoughtfulness, aware caring are not ideals but the innate characteristics of human nature seems to me to be very much in accordance with the teachings of Jesus. As I see it, he insisted throughout his life and in his death that the spiritual--the qualitative--dimension of our experience is the real structure of reality, the real power of the field in which we have our being: that, because God is Spirit--love is the only way to life, the only appropriate relationship between human beings--that we are brothers and sisters of one another and in each other's keeping whether we realize it or not. And that this recognition, affirmation and response to the reality of the real is what is meant by the commandment to love God with heart, mind, soul and strength.

In Re-evaluation Counseling there is a similar insistence that we must be guided by rationality at all times. Such a requirement of "faithfulness to the light" is rooted in the assumption that there is always at least some insight, some understanding of what would be the right thing to do in the situation, and in the realization that we cannot wait for the whole truth to be revealed but must find the courage to act on our best judgment of the moment. Such action in faithfulness also includes the willingness to adjust our bearings and step out trustfully and responsibly when the

process of discharge and re-evaluation has freed up a little more of our rationality. The process resembles the Quaker idea of continuing revelation, and of our responsibility to "proceed as a way opens".⁸ The attitude required is one of obedience, requiring that whatever light is recognized as such must be taken with utter seriousness ("Hallowed be Thy name"!) . For Jesus there was little doubt in the matter; Not those who cry Lord, Lord--however piously--will enter the kingdom, but those who do the will of the Father. (And some of his harshest words and condemnations are reserved for the hypocrites who only pretend to be faithful, and for those who blaspheme against the Holy Spirit--who, having recognized the power of the light, call it darkness, and thereby poison the well-springs of their faith and that of others.)

A second aspect of what in Re-evaluation Counseling theory and practice appears to correspond to the love of God is the requirement that we assume responsibility for our universe.⁹ This responsibility is defined by our place in

⁸The similarity between much of the Quaker experience and the theory and practice of Re-evaluation Counseling continues to strike me. I suppose I am more aware of such similarities because they coincide in my own life. But it is also a fact that the participation of Friends in Re-evaluation Counseling is quite out of proportion to their numerical representation in the general population.

⁹The concept of responsibility for our universe is discussed in Harvey Jackins, *The Human Situation* (Seattle:

the evolutionary process and by the structure of human existence. We are as far as we know the only life form on this planet that is capable of thinking and caring beyond the most rudimentary level or immediate range. To us, therefore, is entrusted the thinking and caring function in the process, the "giving thought" and proper attention to the whole and to every part we have cognizance and awareness of. Rationally, there can be no limit to this responsibility, although at any particular moment our information, knowledge and resources for effective caring are obviously limited. Our responsibility, therefore, includes the obligation that we continually sharpen and clarify our perception, increase our information, deepen our understanding, and widen our awareness, so that our thinking can function with maximal efficiency within the widest possible range. ("Your eyes," said Jesus, "are like a lamp for the body: when your eyes are clear, the whole body is full of light; but when your eyes are bad your whole body will be in darkness..." Luke 11:34). Our responsibility also includes the obligation to discharge the painful emotions that interfere with our rational functioning (to remove the log from our own eye...), and to allocate our resources in a rational manner; giving thought to what matters most, investing our talents for

Rational Island, 1973); pp. 64f, "Who is in Charge?".

optimal yield in value, meaning and beauty--seeking first the kingdom of God--joyfully giving our all for the treasure in the field, the pearl of great price. . .

Spiritual Discipline and a Way of Life

On the face of it, a commitment to thinking all the time may not appear particularly radical. Taken seriously, however, it reveals itself as the narrow gate of a rigorous discipline.

In my experience most people who get involved in Re-evaluation Counseling have initially no idea that there might be a serious commitment required. By and large, individuals seem to join Re-evaluation Counseling classes with two main expectations: they seek help with problems in living for themselves, or they want to learn how to help other people with such problems. And the Fundamentals classes in Re-evaluation Counseling concentrate largely on meeting these expectations. Participants are taught the basic theory and practice of co-counseling. The learning is at a very elementary, very practical level. As Harvey Jackins put it recently in a teachers workshop:

If someone can learn in a Fundamentals class to listen to their client without interrupting too much; and that it is all right to let people cry; and don't pass too many Kleenexes--that's quite a bit in eight weeks. You have been a good teacher.

Which is not as facetious as it sounds. For most people there is so much rigid conditioning to be "un-learned", that

the significance of the larger context of what is being taught and learned is only dimly perceived, if at all. The warmth of the group and co-counseling experience, and the discovery that discharge "works" (i.e. that it results in changed perception and re-evaluation of previously unmanageable experiences and situations), tend to be self-validating. Over a period of time, as more discharge and re-evaluation takes place, some of the ideas begin to make sense and are tried outside the counseling situation. But "permissive counseling", as it is called--that is: counseling largely for the purpose of helping the person "feel better", may go on for years. Sudden conversion to Re-evaluation Counseling as a way of life seems to be rare in this process, at least as far as my observation and the information I have gathered from the literature goes. Rather, there appears to be a somewhat reluctant, stop-and-go involvement, drawn, it seems, by some kind of relentless logic in the process itself which, once entered in any depth, will not permit disengagement without loss of integration. The power of this "logic" is probably fuelled, at least in part, by the self-validating nature of attention which tends to energize what we focus on. But I think there is in it also the power of the integrative process itself--the lure, as it were, of the abundant life, of rationality and freedom, which--once experienced or even just glimpsed from afar--will remain as an

irresistible longing in our hearts. . .

The turning point--if point it be--seems to come with a recognition of the larger context, and of the nature of irrationality and distress as interfering not only with our happiness, but with our very nature and functioning as human beings. For the client this change is one from using discharge primarily in order to "feel better", to recognizing the significance of the discharge and re-evaluation process for re-emergence into full rational humanness. All chronic patterns involve an identification of the distress with reality and the consequent adoption of an irrational posture, a fearful, furious, helpless or despairing way of being in the world. Because of the identification, the distressed picture of reality is accepted and defended as the truth about life, and the irrational posture as the only possible way of being, feeling and acting for that particular human being. Only when the pattern is seen as such--as a recording, that is, of gloom and doom usurping all the airways and interfering with all communications--can the possibility of change be grasped. (Or theologically speaking: when the state of sin is recognized, repentance becomes possible. And Jesus, very significantly, combines his call to repentance with his message of what reality is really like: the kingdom is near!)

In this area Frank Kimper's thinking and his work as

a counselor has been most clarifying to me. In his discussion of "Love and Criticism" he points out the dynamics of the process very clearly. The undistressed reality is that we are "at home", as it were, children of the universe, unconditionally accepted and loved.

But while there are no demands you have to meet, no expectations you have to measure up to as a condition for being loved, there are obvious demands and expectations imposed by the universe upon your use of freedom as conditions for living in it. And through the experience of the consequences of your use of freedom you discover what those conditions are. 10

Thus when we accept distress as the reality we become alienated and estranged, and the pain, guilt, shame, frustration and despair experienced by the human being in the grip of the chronic pattern are the "judgment" of reality on our loss of faith. From within the distress pattern criticism is very difficult to accept or even to hear. But such "criticism" (or interruption of the chronic pattern) is precisely an "expression of our love for each other", if we are not to abandon each other within the prison cages of our fear. Jesus, from his own experience of unconditional cosmic acceptance, and from his own commitment in faith and obedience to witness to the reality of love and to the wholeness and goodness of life, can "bring freedom to captives and sight to the blind"--and assure the sinner that his sins are forgiven, thus enabling the human being to make contact

¹⁰Kimper, p. 1.

with the healing reality.

Similarly the counselor, loving the client and keeping in touch for both of them with the undistressed reality, can move in on the chronic pattern and interrupt it:

With such "deep caring" for the well-being of another, and for the well-being of the community, we have no right to keep still. He is no friend of mine--he does not love me--who knowingly allows me to continue to make the same mistakes, and indulge in the same painful patterns of living without ever speaking to me about them. He does not love me; he fears me. . . ." ¹¹

When the client becomes able to perceive the pain of his distress in this light and accepts the counselor's "criticism" or "positive direction"--counseling becomes a way of life, a spiritual discipline, including in its dynamics the traditional disciplines of confession and prayer. What is required is a commitment of both client and counselor to complete re-emergence, and the agreement that it is the client's obligation to work at removing all "logs" from his or her eyes by addressing and discharging the painful and fearful experiences that have resulted in his or her chronic feelings of alienation. Such discharge requires taking and holding a positive direction in one's life--that is: giving up the (idolatrous) identification and projection, and restoring the attitude of faith and love. The agreement also includes the counselor's responsibility to represent "the

¹¹Ibid., p. 3.

presence of God": the undistressed, gracious reality, without succumbing to his or her own distresses, while lovingly and firmly directing the client to face his or her agony with open eyes. When such an agreement is made and kept, the confessional and worshipful dimensions of co-counseling become increasingly clear. Recalling the painful, discouraging, embarrassing and despairing experiences of one's life before the loving clarity of another human being's eyes continually compels an attitude of repentance which requires the assumption of responsibility for one's way of being in the world without withdrawal into guilt or blame. And as client and counselor together struggle to keep in touch with the reality of the real--the infinitely reliable, hopeful and enabling reality for just this human being in this particular life situation--and to find a direction which will order his or her life in accordance with this reality, the experience becomes clearly prayerful, and the co-counseling session reveals itself as an exercise of purification and worship. That the form of worship is essentially "corporate" is again reminiscent of the Quaker experience. It is, of course, possible to discharge alone; and Quakers can and do pray by themselves. But co-counselors and Friends attribute great power to the attentive presence of another person and particularly to the multiplied awareness of a group or gathered Meeting.

Most co-counselors, at present, would probably reject

such theological interpretations. Some of the resistance to religious terminology and imagery is no doubt due to the fact that many co-counselors--like a majority of adults in our culture--have a great deal of childhood distress associated with what was called "religious" instruction and observances, and with the many irrational attitudes of adults that were justified in terms of religious values. It also reflects, I think, some of the radical seriousness of the early Quakers, for instance, who were most unwilling to make distinctions between the sacred and the profane, and between worship and life. The whole thrust of Re-evaluation Counseling, certainly, has been in the direction of practice--"to prove practical what once was pious". Chronic distress patterns need to be recognized and "confessed", as it were ("holding the pattern up to the light" as it is called!)--but the essential movement, according to Re-evaluation Counseling theory, (and to the teachings of Jesus), is the "turning around" of repentance, and a commitment to life in the reality of the real: the kingdom of heaven and the brotherhood of humanity. Co-counselors are urged to attend to their painful emotions in session, but to live outside of sessions as if they were without distress and free from patterns, acting on rationality at all times, no matter what the feeling.

The resulting life styles tend to be ascetic in

orientation. Co-counselors consider not only smoking and drinking but all forms of self-indulgence, and all compulsive habits of thought, feeling and behavior as irrational. Many co-counselors are vegetarians, many experiment with fasting and other strict dietary regimens not so much in a quest for higher consciousness but in the attempt to develop models for rational living. Workshops are rigorously structured along similar lines. There are special workshops on "rational eating", "rational use of money", "rational health care", etc. There is a good deal of discussion about what "rational human sexuality" would be like, and some conjecture that in undistressed human beings sexual activity might be largely confined to procreation. There is much effort at freeing the Re-evaluation Counseling communities from irrational and oppressive social patterns, and urging co-counselors to discharge their distresses associated with racism, sexism, age-ism etc.¹² The co-counseling relationship itself is structured along strictly rational lines with strong injunctions against acting on feelings and any attempts

¹²Guidelines for Re-evaluation Counseling Communities, 1975, Amendments 5.5, 24.5, and particularly Proposal 28.5: That teachers inform members of their classes about workable procedures. . . for counseling on culturally enforced distress patterns. That communities encourage gather-ins and local workshops to improve counseling in these areas and provide greater support for counselors working on them. *Present Time*, no. 21 (October 1975).

at exploitation.¹³ The profound difference in the Re-evaluation Counseling approach to the approaches of many traditional ascetic disciplines is that in Re-evaluation Counseling all self-invalidating, self-punishing directions and practices are strongly resisted. Self-discipline is never to be an end in itself, but is to serve the aims of beauty and order, and the requirements of rational living and caring relatedness.

The commitment to thinking all the time--to consider, that is, all relevant aspects of every situation, by definition demands a general attitude of thoughtfulness in all things and towards all of life. Such an attitude might be called "ecological" in the sense defined by John Cobb as a commitment "to seek to promote life in its variety and intensity as well as in its consciousness and love". . . encouraging and even requiring "just that extension of love to the subhuman world that is the hallmark of the new Christianity".¹⁴ While in the definition of Re-evaluation

¹³The so-called "Blue Pages" of the Manual contain strict no-socializing rules, summed up in the first paragraph as follows:

Co-counseling students and co-counselors are requested and expected to refrain from establishing any relationship, except that of co-counseling, with the students and clients whom they meet in Re-evaluation Counseling. Harvey Jackins, *Fundamentals of Co-counseling Manual* (Seattle: Rational Island, 1970), pp. 35-39.

¹⁴John B. Cobb, Jr., *Is it Too Late?* (Beverly Hills, CA: Benzinger, Bruce and Glencoe, 1972), p. 125.

Counseling rational living includes "mastery of the environment", it is clear that such mastery has nothing to do with domination and exploitation. In his "Holiday Communication 1968), Jackins describes his vision of the world when

our environment, no longer abused, will be sufficient for all

Our world becomes a lovely spaceship garden
Tended with thoughtful care and satisfaction;
Wild areas left in plenty as insurance
That nature's processes shall function freely,
Each living species treasured as a brother,
Each resource that we tap improved by tapping,¹⁵
Each used material cycled back for re-use.

The implications of such a commitment to an ecological thoughtfulness are radical: all attitudes and actions must continually be examined in terms of their consequences for all, and we must re-adjust our living so that it contributes to the life process instead of robbing it. One co-counselor summing up her experience with Re-evaluation Counseling as a Way of Life expresses the implications of her commitment clearly:

It is of great importance that we simplify our existence as part of the process of staying in love (with life). Secondly, it is vital that we drop all the outward forms of alienation--all use of drugs to affect the mind, all unaware eating and cooking, all actions of withdrawal and hostility, all attachments to property, all "dis-respect" of matter and energie; in short all actions which are outside of love and therefore hurtful to the life process.¹⁶

¹⁵Harvey Jackins, *Zest is Best* (Seattle: Rational Island, 1973), p. 91.

¹⁶Mel Snyder, "Re-evaluation Counseling as a Way

Theological Aspects

The similarities between Re-evaluation Counseling theory and practice and many aspects of the Faith and Practice of the Society of Friends are not simply coincidental, I believe. Re-evaluation Counseling, like Quakerism, is essentially a Spirit movement. The parallel between the Re-evaluation Counseling conception of "rationality", and the Spirit or "light that came into the world and shines on all men", seems to me obvious. In both Quakerism and Re-evaluation Counseling--(as well as in Teilhard de Chardin's vision)--it is the recognition that "The word had life in himself and his life brought light to men" which constitutes faith, and it is the realization that rationality ("human energy", as Teilhard called it), has its source and derives its power and direction from a universal creative process of integration, which commands faithfulness and obedience.

For Re-evaluation Counseling as for other Spirit movements there exists the danger that faith in rationality become perverted into the idolatry of rationalism (i.e. that reason become the measure of all things, and the light be sought as an end in itself rather than as a means to light the way of life)--or into the hybris of dogmatism, in which

of Life (Or Life as a Way of Re-evaluation Counseling)", *Present Time*, No. 11 (1973), 23.

individual or corporate insight claims absolute validity for its perspective. Thus Quakerism experienced its sterile, self-preoccupied periods of Quietism, and co-counselors are warned against "huddling" and the tendency to isolate Re-evaluation Counseling activities from reality, to use co-counseling as a retreat from the real world, an escape from living.¹⁷ Self-righteous dogmatism led the Quakers into the deep schisms that still divide the Society of Friends, and is reflected in the arrogance of some of the theoretical and policy statements in Re-evaluation Counseling, as well as in the dissensions plaguing some Communities. The practice of Friends as well as Re-evaluation Counseling permits a certain self-corrective process to operate which can restore harmony and balance: Friends wait in the silence for more light in the matter when unity is not found; co-counselors are instructed to use the discharge process when agreement cannot be reached. Both practices are important in that they affirm faith in the power of the light or of reason, and the possibility of agreement and peace among men.

Re-evaluation Counseling also shares with Quakerism the conviction that the light shines on all men and must be recognized and affirmed in all human beings. So George Fox understood that we must "come to walk cheerfully over the

¹⁷Cf Harvey Jackins: "The State of the Cosmos" *Present Time*, XIX (1974), 21.

world, answering that of God in everyone. . ."¹⁸ and Harvey Jackins affirms his willingness to participate in any form of worship:

When you take a look at what goes on, how can you sneer at people reaching out of their desperate needs and their expression of wanting to be good? So I concluded I'll pray as loud as anybody and I'll sing the hymns in all four parts; I'll go to the synagogue; I'll sprinkle holy water on myself or let somebody else do it for me, and I'll participate in Passover. Once you take a look at it, they are fellow seekers after the light. 19

If the Hebrew-Christian tradition is considered at all in Re-evaluation Counseling, it is in terms of the universal spirit or image of the Christ. Jesus is seen as the teacher who manifested in his own person and witnessed in his own life to the creative spirit of love, and whose message "widely now revered, though not yet widely practiced"²⁰ needs to be realized in the practice of living:

Once was a time when stars and trees and atoms
Were present as a Man was born. This Man
Spoke forcefully, and to the point, of Men,
And of the treasure yet to be discovered
In Caring for the others of one's kind
As much as for oneself. These later days
We have begun to pioneer the how,
And to prove Practical what has been Pious.²¹

¹⁸George Fox, *The Journal* (London: Temple Press, 1924), p. 263.

¹⁹"Where did God come from?" mimeographed transcription from tape, Hummingbird I, Sept. 1974, p. 8f.

²⁰Jackins, *Zest is Best*, p. 58.

²¹*Ibid*, "From these Beginnings--1957", p. 62.

The conception of the mystical presence of the Christ in all human beings is expressed in the lyrics of a Re-evaluation Counseling song, entitled "Christmas Morning":

...Jesus was good and he lived long ago
Wake up! It's Christmas Morning!
You are good too, and are living now. So:
Wake up! The Christ Child's a-borning!

He is man and he is woman, he is old and he is young,
He is Buddhist and Christian and Jew;
She is wealthy, she is poor, and she is black and she is
white;
And oh yes: The Christ Child is you! 22

But most directly Re-evaluation Counseling seems to me to belong to the movement towards a religion of evolution that Teilhard de Chardin envisioned. He foresaw a "great sorting out and general convergence of religions according to their power and value for the evolutionary process", leading to a religion "no longer simply of individuals and of heaven, but a religion of mankind and of the Earth".²³ In order to safeguard and nourish the zest for life and the enthusiasm for growth which are the main-springs of evolution, such a religion would have to tap the mystical currents of human experience which have been able to preserve and transmit not only "fragments of vision but experiences of contact with

²²*Christmas Morning*, by Carol Willis and Ross Flanagan, on "Sounds Good," Side 2, tape.

²³Pierre Teilhard de Chardin, *Activation of Energy* (New York: Harcourt, Grace, Jovanovich, 1971) p. 240.

a supreme Inexpressible".²⁴

The vital charge of the world, maintained no longer simply by physiological expedients, or through the rational discovery of some inspiring goal or ideal--but poured directly into the depth of our being in its highest, most direct and most powerful form: as love...²⁵

As a movement of liberation from irrationality and towards the goal of complete re-emergence of humanness, Re-evaluation Counseling, clearly, expresses at least one aspect of this great evolutionary faith and effort. That it is also capable of nourishing the mystical experience and of inspiring a commitment to loving relatedness is beautifully expressed in another excerpt from Mel Snyder's article on her experience with Re-evaluation Counseling as a Way of Life:

It is possible for each of us to make a commitment to life that is much like the commitment to another human being. Such a commitment says: "I am aware of the possibility of being in love with you and will not settle for less. I may at times behave inside the pattern of past distresses. . . but I will never condone such behavior as inevitable. Forgiving myself as I forgive you, I will move consciously and purposefully into a place of awareness with you which is not selective but all

²⁴*Ibid.*, p. 242.

²⁵I have revised the translation of this passage from: The vital charge of the world, maintained not simply by physiological artifices or by rational discovery of some objective or ideal, bringing with it--but poured directly into the depth of our being. . . . *Ibid.*, which is not only awkward but incorrect for:

La tension vitale du Monde non plus seulement maintenue par artifices physiologiques ou par découverte rationnelle d'un Objective ou Idéal entraînant, --mais directement infusée au fond de notre Être. . . . Pierre Theilhard de Chardin, L'Activation de L'Énergie (Paris: Editions du Seuil, 1963), p. 251.

encompassing. In other words: I will not love parts of you and permit myself to be alienated from other parts, but will love the whole--all humans, plants, animals, everything.

I will not collude with destructive patterns in myself and others. In not colluding I will not lay blame or guilt on myself or others. I will simply rally all my energy to be in a place of awareness and response --ability with all the parts of the universe with which I meet.

26

Conclusions

As a movement Re-evaluation Counseling has only a very short history so far. Too short, almost, to test the validity of many of its claims. The organizational structure for the Re-evaluation Counseling communities has been in existence only four years, the theory continues to grow and develop, and methods and policies are continually being adjusted in efforts to bring the practice of Re-evaluation Counseling into closer alignment with the theoretical assumptions on which it is based.

I think there is little doubt that the discovery or re-discovery of the discharge and re-evaluation process and the systematic experimentation with it that led to the development of the Re-evaluation Counseling techniques constitutes an advance in psycho-therapeutic understanding and method. The effectiveness of discharge in freeing individuals from the results of distressing experiences is recognized

²⁶Snyder, p. 22.

increasingly and is utilized in a variety of therapeutic contexts: Primal Therapy, Autogenic Abreaction and Neutralization, Feeling Therapy, Gestalt Therapy etc. (as well as by anyone who was ever able "to get something off his or her chest" and to experience the resulting relief from painful emotion and the clearing and widening of perspective). But Re-evaluation Counseling is unique in focusing on discharge and re-evaluation exclusively, and in developing a spectrum of techniques for facilitating the process that are simple and practical enough to be used in daily living. Re-evaluation Counseling is also unique and highly innovative in its development of the co-counseling model; in its insistence that the client must be "in charge" and in possession of all the theory, and that the counselor must be counseled regularly.

There is by now considerable evidence from people involved in Re-evaluation Counseling for some time that the process, used seriously, tends to foster rational, responsible functioning, energetic, zestful involvement in life, and co-operative, nourishing relationships with others. Whether or not the goal of total re-emergence from distress into complete rationality is realistic, and whether or not discharge and re-evaluation are, in fact, the only part of the recovery process that requires outside assistance, remains to be seen.

The development of Re-evaluation Counseling as a movement also demonstrates the power of its theory and practice to generate enthusiasm and commitment in many people and sustained effort towards the goal of liberation for all human beings.

Many of the practices, policies and organizational structures still have to be judged more on their underlying intentions than on actual achievement. The very rapidity of growth has produced a good deal of rather uneven development. And it is becoming apparent that the very narrowness of the experiential basis on which the theoretical structures were built presents a decided limitation.

Attempting to make a completely fresh start, the originators of RC--according to their own reports--decided to restrict the focus of their observation and experimentation to the field of their own experience (i.e. to "personal revelation", theologically speaking--reminiscent once again of the Quaker experience which originated in George Fox's decision to accept no authority other than what "spoke to his condition"). This decision had far reaching consequences. Inevitably, "truth" experientially established in such an uncompromising and systematic way carries great power of subjective conviction. The rejection of all previous conceptualizations and authorities made possible a freshness and directness of approach to basic issues which cut through

many cobwebs and dispensed with many sacred cows. Combined with a powerful vision, rigor of thought, and passionate concern it made possible the development of a consistent and compelling system. But the concentration of focus and the compelling power of subjective conviction also carried with it the danger of self-righteousness and disrespect for differing views and expressions (demonstrated by Fox, for instance, in his disparagement of traditional religious forms in his frequent references to churches as "steeple-houses" and to the clergy as "hireling ministry"). In Re-evaluation Counseling this self-righteousness tends to take the form of a certain naive ignorance of and disregard for the contributions of other approaches and disciplines. Despite the claim of strict adherence to scientific method and of scientific rigor in the development of theory there is evidence of a pervasive anti-scientific bias manifesting itself in a definite unconcern for the accepted standards and requirements of scientific evidence, and for the experimental documentation of results expected in modern science. In keeping with the experiential basis, the sufficiency of subjective verification tends to be stressed, and attempts at objective verification tend to be spurned, if not openly discouraged and resisted. Instead, there is a great deal of emphasis on "demonstration" (rather than measurement), which permits subjective verification and communication of

the experience, as it were, and on the fact that the basic experiences of discharge and re-evaluation can be replicated by any co-counselor.

I would like to stress that in my opinion this emphasis on the value of personal observation and on the intrinsically subjective character of all points of view represents a healthy reaction and corrective to the sometimes irresponsible objectivism of many scientific investigations. But the limitations are very real as well. For instance: the restriction of the basis to personal experience also determined the sample population, limiting the data as well as the focus and goal of inquiry to conceptions rooted in the basic assumptions and values of the white middle class American sample. The difficulties Re-evaluation Counseling is experiencing in its attempts to break out of the social, cultural and economic patterns of the group by which it was developed are directly related to the characteristics of the sample population in which it was developed. I do think that it is to the credit of the RC movement that concerted efforts are being made to overcome these intrinsic biases and widen the basis, but it is my personal conviction that Re-evaluation Counseling will have to undergo a radical transformation if not of its theory then at least of its structures if it is to become widely relevant to the contemporary struggles for human liberation.

Another difficulty arises from the concern for "correct" theory. There are, of course, good reasons for any movement to insure that its basic doctrines are taught correctly, and to warn against the admixture of incompatible conceptions and practices. But in RC the effort seems to have led to a certain "ownership" and "copyrighting" of ideas incompatible with the freedom of the spirit and with the understanding that no conceptualization, no point of view, and no method or way can possibly embody all of the truth or even a major portion of it.

There is also the danger of the radically positive direction degenerating into facile optimism or pretense. The unconditionally positive validation of human nature and of reality may lead to positions of irresponsibility (as exemplified, for instance, in the abuses Luther's conception of salvation, *sola gratia et sola fide*, led to in certain extreme formulations of Protestant ethics). The very loftiness of the ideal of total re-emergence and human liberation contains a temptation to grandiosity and presumption. The very radicality of ideals carries with it the dangers of hypocrisy or at least phoniness, and a temptation to prefer acceptance of dogma over free experimentation and inquiry. (For instance: Homosexuals are tolerated within the RC communities and may hold leadership positions on condition that they are willing to admit the "irrationality" of their particular sexual patterns. Now it may well be that homosexuality

is, in fact, irrational, arising from distress patterns, and that it can be discharged. But the requirement that such a confession of "sin" be made as a condition of acceptance in the community evokes in me at least uncomfortable associations with the inquisition.)

Re-evaluation Counseling also shares with other philosophical and psychological systems the problems of terminology and the limitations of all conceptual "models". As it is, the terminology of RC has the advantage of clarity and unambiguity. But to me at least it has always appeared to be singularly clumsy, ponderous, and lacking in elegance and beauty. And more seriously, perhaps: the symbolizations embodied in such concepts as "discharge", "re-stimulation", "distress recording" etc. establish analogies between effects observable in physical systems and the functioning of the mind which may be more adequate than the mechanistic models of traditional psychologies, but which may ultimately prove equally misleading. I think Jackins himself is very much aware of these limitations; but as is usual in such situations, many of his followers tend to be a good deal less clear and less cautious. And, of course, Re-evaluation Counseling is also subject to all the dangers of "entropy", confusion, perversion, and loss of meaning that beset human endeavors everywhere.

So far it seems that serious distortions have been avoided or are being corrected, and that with growing

understanding and skill the self-corrective process works more reliably, permitting co-counselors and RC communities to move against their chronic patterns and make real changes in living. The stated aim "to take our re-emergence all the way through permeation to where we are guiding the other integrative processes in the universe"²⁷ may sound presumptuous for a group of people, but it is certainly fully appropriate for humankind. And Jackins is convinced that Re-evaluation Counseling as a separate movement will disappear within a couple of decades at the most, having permeated society and having contributed the harvest of its insights and the freedom of recovered rationality to the other manifestations of the integrative process--thus merging "the humanness called counseling" with the emerging humanness of all people everywhere.

²⁷Jackins, *The State of the Cosmos*, p. 22.

PART II

CHAPTER 4
RE-EVALUATION COUNSELING
IN THERAPY WITH ALCOHOLICS

The understanding of Re-evaluation Counseling which I have tried to present in this study convinced me that Re-evaluation Counseling might be a useful part of alcoholism rehabilitation programs.

Alcoholism is recognized as one of our biggest public health problems. At the same time it is a problem to which we have found few effective solutions. Half a century of investigation and experimentation along every conceivable avenue has failed to discover either a "cause" or a "cure", nor has much consensus on the nature of the phenomenon of alcohol addiction been reached.¹ Morris Chafetz expresses a fairly common point of view, although with somewhat uncommon candor, when he writes:

The need for new perspectives . . . arises from the connotations of the symbols alcoholism and alcoholic . . . the "alcoholic" label permits restrictions, resistances, and rigidity of therapeutic approach. The truth of the matter is that we are terribly ignorant about alcohol related conditions!

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¹For an excellent summary and discussion of research and treatment approaches see Glen R. Caddy, *Behavior Modification in the Management of Alcoholism* (unpublished dissertation, University of New South Wales, Australia, 1971), p. 1-36.

²Morris E. Chafetz, "Who is qualified to treat the alcoholic?", *Quarterly Journal of Studies on Alcohol*, XXV (1964), 358.

Many of our multidimensional approaches and total treatment programs appear to represent somewhat of a shot-gun solution: the use of every available "projectile" in hopes of somehow making a hit, since we do not quite know where to aim our fire. This observation in no way disparages the efforts made by a great many workers in the field. These efforts are undeniable. But so, on the whole, is the lack of success. An immense amount of information on almost every conceivable aspect of alcohol and alcoholism has been amassed, and a formidable array of treatment methods has been developed, ranging from drugs to hypnosis, and from aversive conditioning with electro-shock, emetics, and even curare, to transcendental meditation, games analysis, jogging, and poetry therapy. Yet the social problems and the extent of personal tragedies engendered by alcohol abuse continue to increase with no solution in sight.

The very multiplicity of theories and approaches suggests the probability that our basic conceptualizations of the phenomenon we are dealing with are inadequate.

Conceptual Models

Until fairly recently the approaches to alcoholism were in the main based on one or the other of two conceptual models, or on a combination of the two: the "sin" or "moral" weakness" model, and the "disease" model.

Traditionally the first of these two models prevailed,

and for most of western history, at least, alcohol addiction was judged to be a vice. Association of alcohol with the Devil (Demon Rum etc.) was common long before the Temperance movement literature brought demonization of alcohol and the alcoholic to a peak³--and it still continues today in similar tracts and in much public opinion.

The underlying assumption is one of the human being becoming the victim and servant of an evil power. The person is seen as invaded by demonic forces and succumbing to them either through voluntary co-operation or through surrender to an irresistible power. Whether by pact or by possession, the alcoholic is taken over by a process of corruption leading into death and damnation. The only recovery possible is through victory over the evil forces, repentance, and utter renunciation of any further commerce with the demon.

³Stanley Rosenman, "Pacts, Possessions, and the Alcoholic," *American Imago*, XII (1955), 241-274, quotes vivid examples from Temperance Tracts of the time.

Alcohol is denounced as a "raging mocker", a "withering demon", whose name is "legion". Thunders Marsh: "It has without doubt been the most potent of all the emissaries of Satan, to obliterate the fear of the Lord, turn men away from the Sabbath and the Sanctuary, steel them against the word, the providence, and grace of God, stupefy the conscience, bring into action every dark and vile passion, and fill up with immortal souls the dark caverns of the earth.

In J. Marsh, "Putnam and the wolf, or the monster destroyed" in *Select Temperance Tracts* (New York: American Tract Society), quoted by Rosenman, p. 243.

Accordingly, the only treatment judged appropriate for drunkards was--and still is to some degree--moral and religious censure and exhortation, social ostracism, and measures designed to effect conversion and the reform of the sinner.

Seemingly in extreme opposition to the concept of alcoholism as a sickness of the soul stands the model of alcohol addiction as a physiological and/or mental disease process. The similarities, however, are striking.⁴ The underlying assumption is of the human being becoming the victim of an addictive substance or unconscious compulsive drive which progressively destroys him or her. Whether through his own fault or through the force of circumstances --(genetic, physiological, psychological or social predis-

⁴Historically, the acceptance of the disease concept of alcoholism represented a genuine advance from the scientific as well as from the humanitarian point of view. When during the 19th and early 20th century physicians, physiologists, and psychiatrists began to point out that excessive drinking was to be seen less as a vice than an illness, the door was open not only to more humane care and treatment for alcoholics, but also to research into the causes and the nature of the disorder.

The need to establish a conception of alcoholism that would insure adequate treatment for the alcoholic was uppermost in Jellinek's mind, and is still considered vital for the funding of alcoholism rehabilitation programs and the fostering of a supportive public attitude towards alcoholics.

Another important motive in the promotion of the disease concept was the desire to relieve the alcoholic of his burden of guilt by relieving him of responsibility for his condition. This latter point is stressed repeatedly by Howard Clinebell, *Understanding and Counseling the Alcoholic* (New York: Abingdon Press, 1968).

position, or faulty conditioning and development)--the alcoholic is progressively taken over by an irreversible process of deterioration leading into illness and death. The only "recovery" possible is through therapeutic intervention inducing and supporting the decision to overcome the weakness and avoid further contact with the pathogenic substance.

Admittedly, these are somewhat simplistic formulations of the two models, exaggerated in their basic lines in order to show the pattern more clearly. Many of the current interpretations of the disease concept of alcoholism, for instance, show a great deal more sophistication and flexibility. There are also differentiations of the basic conceptions in such models as the psychoanalytic interpretation, the behavioral model, and the environmental-epidemiological explanations. But I think it is clear that these conceptualizations share a set of basic assumptions with the prototypes which--largely unacknowledged and unexamined--characterize these approaches and influence the treatment programs developed on the basis of their conceptualizations. (Thus in the psychoanalytic model the individual is seen as the victim of unconscious drives and conflicts resulting from early oral deprivation. In the behavioral model the individual is seen as the victim of psycho-social conditioning. In the environment-epidemiological model the individual is seen as the victim of an ethnological, economic,

and/or culturally induced lack of resistance to pathogenic influences in his or her environment.)

Theoretically, the disease concept seems to have won the day. Until fairly recently, at least, most of the publications in the field of alcoholism appeared to accept the illness concept as incontrovertible fact. In practice, of course, it may still be true what Jellinek discovered 20 years ago when he concluded:

Generally it may be said not only of the public at large but of the medical profession, industry and labor and all the other sections of public opinion that their feeling is that the idea that "alcoholism" is an illness "is true, but not really true". 5

Implications

Our treatment of the alcoholic certainly suggests considerable ambiguity and vacillation between the two conceptual models. How else could we explain our peculiar admission and discharge policies in the majority of alcoholism rehabilitation programs? In what other illness, physical or mental, do we demand of the patients that they "express a sincere desire to be cured", before we admit them to treatment? Where else do we insist that the patients not exhibit any symptoms of their disease while under treatment, and dismiss them summarily when they do? In what other

⁵E. M. Jellinek, *The Disease Concept of Alcoholism* (New Brunswick, N.J.: Hillhouse Press, 1960), p. 185.

progressive and potentially fatal illness do we wait patiently until the patients "hit bottom" as we call it, before we consider ourselves able to treat them effectively? In what other mental or physical illness do we expend a significant part of our therapeutic efforts to impress on our patients the terrible course and probable fatal outcome of their affliction? And why do we insist that alcoholism can and should be treated by the medical profession while encouraging these same physicians to refer their alcoholic patients to organizations which rely on conversion and spiritual programs as the only way to recovery?⁶ The list could easily be extended. But the point is clear, I believe. The ambiguity of our conceptualizations leads to an amount of confusion and inconsistency in practice which seriously impairs the effectiveness of our efforts.

Epistemological Considerations

This ambiguity, it seems to me, must first of all be faced at the epistemological level. (Or maybe more accurately at the "ontological-epistemological" level. But I do not think that the traditional philosophical distinction is any longer particularly useful. All of our perceptions.

⁶Writes Ruth Fox, M.D., psychiatrist, pioneer in alcoholism treatment: "Probably the single most effective method of treatment we have is that of A.A." in Eva Marie and Richard H. Blum, *Alcoholism* (San Francisco: Jossey-Bass, 1967) p. 161.

always, are determined by the point of view of the observer, and what reality is for us, cannot be different from what reality is, for us. What therefore is meant by "epistemological" throughout this study is what George Kelley refers to as the "cognitive structures or rules by which we construe our experience".) Jellinek himself, investigator and proponent of the disease concept of alcoholism, was well aware of the fact that a conception is a point of view rather than factual evidence, and "that acceptance of certain formulations on the nature of alcoholism does not necessarily equal validity".⁷ His point appears well taken: conceptual models are basically working hypotheses, and as such neither true nor false, but more or less useful. Jellinek's followers have not always been as careful as he was, nor as clear about the issues. His discription of the disease process of alcoholism has often been quoted as if it were established fact, and much research and discussion has gone into efforts to prove or disprove the "truth" of his classifications.

The epistemological problem, as I see it in this matter, involves the existential nature of our reality. Or in other words, the problem is one of responsibility. Not primarily in the form in which the issue of responsibility

⁷Jellinek, p. 159.

has traditionally been discussed in this area: namely whether or not the alcoholic is to be held responsible for his condition.⁸

The responsibility I am concerned with here is the one the behaviorists and social psychologists are pointing out to us: i.e. our responsibility as researchers, therapists, and fellow human beings for the conceptions we adopt, the contingencies we arrange, and for the reality we create for ourselves and others. S. D. Bacon's brilliant and sensitive analysis of the crucial role played by what he calls the "disjunctive labeling process on the way into alcoholism", draws our attention to our own part in "that downward spiral of dissocialization, desocialization and loss of self and social controls" we call alcoholism--and to that crucial interaction between the alcoholic and the many "others, those surrounding important persons" who "could have responded differently, could have behaved in ways which would diminish the chances" of addiction.⁹

The problem is, of course, in no way confined to

⁸Cf. for instance the in depth discussion of the issue in Clinebell, *The Ethical Problem in Alcoholism*, chapter 7.

⁹S. D. Bacon, "The Process of Addiction to Alcohol," *Quarterly Journal of Studies on Alcohol*, XXXIV (1973), 1-27. Similar interactions between socially accepted and expected behavior of alcoholics and the development of the disorder are also described in a fascinating sociological study by Craig MacAndrews and Robert B. Edgerton, *Drunken Comportment* (Chicago: Aldine, 1969).

alcoholism. "Seek and ye shall find!" is not only a promise, but also a warning. If Heisenberg and Einstein did not convince us, "The Crack in the Cosmic Egg" and "The Teachings of Don Juan" should do so.¹⁰ We are always in the picture, always part of the process we are studying. We cannot any longer evade the realization of the relationship that exists between our perception and interpretation of a given phenomenon and our ability or inability to deal with it in a rational way. (Gregory Bateson's observations are pertinent here, I think. He writes:

In the natural history of the living human being, ontology and epistemology cannot be separated. His (commonly unconscious) beliefs about what sort of world it is will determine how he sees it and acts within it, and his ways of perceiving and acting will determine his beliefs about its nature. The living man is thus bound within a net of epistemological and ontological premises which --regardless of ultimate truth or falsity--become partially self-validating for him.) 11

So also with the problem of alcohol addiction. It seems plain that research cannot settle for us the question of how we should see the process. We ourselves have to decide what the relevant criteria are to be. If we label a person as "sick", or "bad", or "faultily conditioned" or "emotionally handicapped"--what are the consequences?: To him or her? To

¹⁰Joseph Chilton Pearce, *The Crack in the Cosmic Egg* (New York: Julian Press, 1971). Charles Castaneda, *The Teachings of Don Juan* (Berkeley: University of California Press, 1968).

¹¹Gregory Bateson, "The Cybernetics of 'Self': A Theory of Alcoholism," *Psychiatry*, XXXI (February 1971), 4.

us? To our relationship with each other? To our ability to handle the problem rationally and effectively? To the total situation? To our understanding of human nature? To our universe? What are the alternatives? What are the basic assumptions on which we base our evaluation? Research can provide us with the information to clarify the field of possible decisions and probable consequences. The choice and responsibility are ours.

Which does not mean that we are abdicating to subjectivism and relativism. When we recognize our responsibility for the world view we hold and for the basic assumptions it is based on--(theologically speaking: when we realize that we are not only creatures but equally creators of our reality)--it becomes clear that such responsibility includes the obligation to maximum rationality. That is: we are obligated at all times to the fullest possible use of our ability to consider all the relevant information and construct our models along the lines of the most coherent, unifying, and cogent vision.

Existential Aspects

If then at the epistemological and existential level the "sin" model and the "sickness" model appear inadequate, what is the nature of this inadequacy?

It seems to me that both conceptions express a

fundamental pessimism, fatalism, and despair about human nature and about reality, the metaphysical basis of which seems to be dualism and determinism. Evil appears re-ified into a pathogenic substance or environment, or into the personality of an evil force. In either case there is an essential powerlessness to the human condition. The only power the person has is to avoid or resist evil. Once he succumbs he becomes subject to a destructive process affecting his very being: he becomes bad, or sick, or disordered --and this corrupting process can only be halted by "exorcism", "conversion", or "cure".

Whatever the particular interpretation of the nature of alcoholism accepted in these conceptualizations, the alcoholic is seen in all of them as the victim of forces over which he has no control. The person becomes literally a "patient"--a sufferer--helpless, and hopelessly diseased unless or until some saving intervention occurs from the outside by means of a drug or therapeutic measure that has the power to separate the patient from his affliction. By himself the alcoholic is "without virtue" in the etymological sense of the word (Latin *virtus*: strength, bravery, power; from *vir*: man). As one suffering from a degrading illness, from a condition of unique weakness or depravity, the alcoholic is set apart from the rest of humankind; he is, in effect, estranged and alienated.

The corresponding aggrandizement of the therapist--

the rescuer syndrome, or the magical thinking and delusion of grandeur of the alcoholologist who promises to "cure" his patients, has recently come under scrutiny.¹² Even the pious "There but for the grace of God go I" is hardly sufficient to re-establish the basic human solidarity. Such superiority, of course, is bound to be challenged. Hence, maybe, the much deplored hostility and resistance to treatment of the alcoholic. Hence, possibly, the therapeutic nihilism, and the righteousness that allows us to blame, upbraid, and reject the alcoholic who "relapses" and exclude him from treatment until he promises better behavior. And hence, also, the arrogance that permits us in the name of therapy to shock, sicken, drug and lobotomize patients out of their "bad behavior" into conformity.

It is as if our approaches to the alcoholic somehow closely corresponded to the image he holds of himself, and to the rationalizations he has developed in order to defend himself against our condemnation and his own, and to maintain himself with some integrity--however tenuous--in his disordered personal and social world.¹³ We confirm his self-

¹²Cf. the discussion of "The Role of Magic" as an unexamined factor in treatment, in Blum and Blum, pp. 12-17.

¹³It is important to remember that Jellinek gathered the information for his now classic description of the disease process of alcoholism largely from a survey of A.A. members. That such generalizations may be unjustified has been demonstrated by a study conducted by Richard A. Seiden, "Use of"

doubt and alienation by the way we expect him to behave, and by the way we respond to his behavior. We concur in the hopelessness and fatalism with which the alcoholic sees himself and his condition. We confirm his isolation by accepting his definition of his problem, his insistence that he is somehow different from the rest of humanity, that he cannot help himself, and that he is, in fact, bad, or sick, or wrong. (In the terminology of Re-evaluation Counseling we support the chronic pattern of feeling and acting by accepting it as the reality, arguing with it, fighting it, giving it power.¹⁴ By so doing we ally ourselves with the distress pattern and, in fact, abandon the human being inside his or her distress.)¹⁵

Alcoholics Anonymous in Research," *Quarterly Journal of Studies on Alcohol*, XXI (1970), 505-508. Results obtained with the Bender-Gestalt Test indicated significant differences between a group of A.A. members and a matched group of alcoholics not involved in A.A., leading the researchers to conclude "that the use of A.A. members in research as representative of the total alcoholic population is unwarranted, and may lead to errors of conclusion".

¹⁴The pattern as such has no "reality" and no power of its own. Recognized for the distortion it is and contradicted rationally, it can only discharge. This understanding illuminates for me the practical meaning of Jesus' teaching about not resisting evil.

¹⁵Falkey points to the problem when he writes:
It is quite possible that the remarkable lack of success reported in helping the alcoholic is directly related to the fact that the helping figure cannot, or does not . . . demonstrate confidence and faith in the patient's ability to change.
D. Bruce Falkey, "Who is Qualified to treat the Alcoholic?",

And we do this, I believe, because the alcoholic expresses, confirms, and in a way justifies our own faith, or rather our own lack of it.

Henry A. Murray in his discussion of "what--if any--significance the concept of the Devil could have for twentieth century minds" comes to the conclusion that "the target of the malevolent spirit of Satanism is man's conception of supreme worth". He continues:

We might reasonably conclude that the Devil's target in the case of pretty nearly the majority of men and women in the West consists of whatever dispositions and powers may reside in them to create conceptions of this nature: say, the conception of a better world composed of better societies, of better persons and to strive to actualize it by self-transformations and social reconstructions. In other words, according to one tenable view, the Satanic aim is to prevent all developments in this direction

Quarterly Journal of Studies on Alcohol, XXV (1964), 565. A similar realization is expressed by Joseph Thinman, "Reflections on Dr. Fox's Paper", *International Journal of Psychiatry*, V:1 (1968), 58. He writes:

The therapist must, in the initial contact with the patient establish in his own mind an optimistic attitude regarding the patient's potential for rehabilitation in order to kindle the patient's motivation.

I think one of the important aspects of this problem may be recognized in what Bateson calls "meta-communication" (or deuterio-learning). He points out that the message content of any communication always includes information about our perception of the larger context--(i.e. "Of the nature of the reality in which we live and our theories of the nature of our knowledge of this reality")--And that such deuterio-learning always involves "propositions whose validity is a function of our belief in them".

These ideas are discussed by Bateson in most of his writings. The reference here is to Gregory Bateson and Jeorgen Reusch, *Communication* (New York: Norton, 1950), chapter 8, Conventions of Communication: Where Validity depends upon Belief, p. 212-227.

by shattering man's faith in the existence of the necessary potentialities within himself and reducing him to cynicism and despair . . .

And here is where our psychology comes in with the bulk of its theories, its prevailing views of human personality, its images of man, obviously in league with the nihilistic Satanic spirit. . . . In the majority of our personological formulations there are no provisions for creativity, no admitted margins of freedom for voluntary decisions, no fitting recognitions of the power of ideals, no bases for selfless actions, no ground at all for hope that the human race can save itself from the fatality that now confronts us. . . . 16

: Is it possible that traces of such "Satanic spirit" are visible also in the field of alcoholism? May we have to conclude that our faith is, in fact, shattered, and that we have succumbed to the evil we projected? Or less rhetorically: is our conceptualization of the problem actually part of the problem?

Logical and Methodological Perspectives

Such a question, obviously, contains an element of self-reference¹⁷ and circularity (i.e. if we conclude that our pessimistic conception is valid and consequently answer the question in the negative, we tend thereby to confirm it. If on the other hand we answer in the affirmative, indicating

¹⁶Henry A. Murray, "The Personality and Career of Satan," *Journal of Social Issues*, XVIII:4 (1962), 51-54.

¹⁷Defined by Bronowski as "sentences. . . whose range of application includes the very kind of sentence". Jacob Bronowski, "The Logic of Mind," *American Scientist*, LIV (1966), 1-14.

our realization of the problematic nature of our conceptualizations, we actually demonstrate that the statement is not true. . . .)

In mathematical logic the problem of such self-referent statements has found an interesting solution in Gödel's famous argument concerning "undecidable propositions in formal systems".¹⁸ As far as I understand it, the Godelian theorem asserts that in any logical system there are meaningful statements which from internal evidence cannot be demonstrated to be either true or false. The validity or invalidity of such statements becomes intelligible, however, when one considers them within the framework of the larger system in which the system under investigation is embedded. It appears legitimate to extend the application of this theorem from logical systems to a consideration of the relative validity of conceptual models.¹⁹

¹⁸Kurt Gödel, *Ueber formal unentscheidbare Sätze der Principia Mathematica und verwandter Systeme*, discussed in J. R. Lucas, *The Freedom of the Will* (Oxford: Clarendon Press, 1970).

¹⁹Bronowski contends that self-reference is inevitable, that "in particular, all philosophy and epistemology operates by its nature within the field of self-reference", and that the Godelian theorem has implications for all such problems. (Bronowski, p. 9) which is similar to Bateson's argument that "man lives by propositions whose validity is a function of his belief in them"--and that such propositions belong to Russell's famous "class of classes which are not members of themselves", discussed in the *Principia Mathematica*, to which Gödel was addressing himself. Bateson and Reusch, p. 212.

If it is impossible to prove or disprove from internal evidence the validity of the statement that "our conceptualization of the problem is part of the problem", or that "our approach to the problem of alcoholism is self-defeating in that it supports and aggravates the condition it is trying to ameliorate"--: what would be the larger system²⁰ in which the validity of these propositions could be assessed?

There are several possibilities, depending on the level of abstraction and the range of applicability considered. A shift like the one made by Bacon from focus on the alcoholic as the main actor to a wider perspective including all of the significant others in the drama of alcoholism made possible insights into the interpersonal processes and assessment of responsibility factors that had not been visible from the former restricted view point. Or we might move from our focus on symptoms, disease factors and processes, and the search for "cures" to the larger context of healing, health, and wholeness--(a shift that is being made today with increasing frequency in somatic medicine, for instance in the treatment of cancer patients with meditative techniques). Or at the level of conceptualization primarily considered in this study, we might move from focus on the

²⁰"Larger system" implies a movement to a higher level of abstraction, in Korzybski's terms.

particular behavior of alcoholics to the larger context of human behavior in general. What would such a shift in perspective reveal about the validity of our conceptions of alcoholism?

Both the psychoanalytic and the behavioral models claim to represent the larger system, i.e. they present themselves as theories of human behavior in general. Actually, however, this assertion appears to contain a fundamental methodological error. It is logically (or statistically) not permissible to generalize from a part to the whole unless it is first demonstrated conclusively that the "sample" in question is, in fact, representative of the "population" to which it belongs. If "sample" here corresponds to "kinds of behavior investigated",²¹ and "population" corresponds to "human behavior as such", then it becomes immediately clear that the conditions for valid generalization are not fulfilled either in the psychoanalytic or the behavioral model. Behavior psychology bases its theories of human behavior primarily on information derived from experiments with or observations of animals--(or human beings)--in rigidly controlled and, as a rule extremely contrived experimental situations. The resulting model clearly reflects the sources of the data from which it generalizes: i.e. it describes with

²¹Or "characteristics of subjects studied", or "characteristics of experimental and observational setting".

great precision the least human aspects of behavior, and its most predictable--because most easily controlled, repetitive and mechanistic forms. At the level of repetitive, mechanical and extremely simple behaviors the insight into stimulus-response sequences and re-inforcement contingencies is useful and important for our understanding of behavior as such. But it is clear, I think, that generalizations from such a restricted field to the broad and complex field of human behavior in general is not warranted.²²

In the psychoanalytic model the sample consists of people who exhibit symptoms of serious disturbances in psychological functioning. Theories developed to explain the nature of such disturbances and the reasons for their occurrences offer valuable insights into intrapersonal and interpersonal dynamics and pathological phenomena of human development and functioning. Their validity for a general theory of human behavior has to be questioned, however. (If, for example, all our information about cell structure and functioning were based on information acquired from the study

²²The consideration of sampling theory or of problems in symbolic logic may seem arcane at this point, or at least highly technical. But I believe that such considerations are relevant to our epistemological problems. After all: the definition of "sample" really concerns the focus of our attention and is determined by our most basic assumptions and premises about the phenomena we are trying to investigate. And our choice of "populations" always involves judgments about levels of importance and about the larger context we consider relevant.

of cancerous or otherwise diseased tissue, the resulting theories about the normal functioning of cells within an organism could hardly be expected to be reliable).

In both cases the methodological error of unwarranted generalization from a highly selected particular sample led to distortions which can be described correctly, I think, albeit somewhat allegorically, as "succumbing to the evil that was projected". In both instances the "evil" so projected into the larger system is precisely the same characteristic of the sample that precluded valid generalization in the first instance. In the case of the behavioral model this characteristic consists in the choice of experimental subjects which are not part of the target population at all (animals), and in the controlled, mechanistic and deliberately deterministic observational and experimental setting, which, logically, may be expected to lead to theories having deterministic, mechanistic, and sub-human parameters. (We find that we seek; and we reap what we sow.) In the case of psychoanalysis it was the restriction of the focus to pathological phenomena which, projected on all behavior and accepted as norm, must lead to pessimistic conceptualizations.

(The disease and the moral weakness model exhibit somewhat less distortion than the behavioral and psychoanalytical models presumably because we do have information about normal physiological and psychological functioning

to correct some of the bias induced by exclusive attention to a sample of individuals who exhibit the particular weakness or malfunction under investigation. However, since by labeling a person as "sick" or "neurotic", or "immature", or "depraved", we automatically remove them from the population of healthy human beings, the resulting sample is representative largely of itself [and not any longer of the general population] in precisely those features we wish to investigate.)

It seems fair to conclude, therefore, that none of these conceptual models can claim general validity for its theories of behavior. Which does not mean, of course, that their interpretations of particular dynamics involved in behavior may not be valid. In as much as the behavior of humans exhibits characteristics of the behavior observable or induceable in animals, for instance, the behavioral models are certainly instructive. Addictive behavior, in particular, appears to resemble the observable effects of both classical and operant conditioning in mammals. But the generalizations from these observations to a comprehensive theory of human behavior severely limits the range of possibilities in our approaches to addictions, for instance: If all behavior is rigidly conditioned and maintained through the contingencies of re-inforcement, then we are reduced in our treatment methods to manipulating these contingencies.

Thus we may try to extinguish the faulty conditioning (but find that the mechanism does not appear to work reliably with alcohol or other addictions), or to supplant it with some other form of conditioned response (generally requiring aversive measures, and therefore resisted by patients who are not desperate or overwhelmed with guilt), or to replace it with activities incompatible with the original behavior (which requires restructuring of the patient's life to an extent difficult to obtain in practice through conditioning alone).²³

In the psychodynamic model behavior is interpreted as caused by or expressive of unconscious psychic conflicts. It becomes crucial, therefore, that a clear distinction can be made between the underlying causes and the presenting symptoms of a disease. In alcoholism such a distinction has proved very difficult, and the debate over whether to treat alcoholism as a disease or the symptom of a disease has never been settled. In practice the situation becomes further complicated by the fact that prolonged excessive drinking and the resulting deterioration of life eventually lead to massive psychological impairment as well as physiological damage (and that even moderate amounts of drinking

²³In short: if behavior is controlled by contingencies of re-inforcement in the environment, we--manipulating these contingencies--have to assume full responsibility.

may have effects similar to these, although of course, comparatively smaller and therefore less noticeable)--which makes it more and more difficult to distinguish causative factors from symptoms of the disease process. The explanatory power of the psychodynamic model of alcoholism is further weakened by the fact that the characteristics generally interpreted as indicating the presence of pre-alcoholic maladjustment: anxiety, emotional immaturity, ambivalence towards authority, low frustration tolerance, ego-centricity, low self-esteem, interpersonal inadequacy, feelings of isolation, perfectionism, moralism and ambition, excessive guilt or psychopathic lack of guilt, impulsiveness and compulsiveness²⁴--are very generally found in people diagnosed as neurotic, psychotic or psychopathic (or even in people considered fairly normal). And while there is no doubt that the psychodynamic conceptions have a certain symbolic plausibility and offer many insights into human development and functioning, their inadequacy appears amply demonstrated by the widely recognized ineffectiveness of psychoanalysis and exploratory psychotherapy with alcoholics. The experiences resulting in what is described as fixation at the oral stage of psychosexual development and consequent conflicts over

²⁴The list is taken, with some simplification, from Howard J. Clinebell Jr., "Some Religious Approaches to the Problem of Alcoholism," (unpublished dissertation, Columbia University, 1954).

dependency needs may, in fact, play an important part in the etiology of alcoholism. Yet the treatment approaches attempting to influence drinking behavior (or any other behavior, for that matter) through the resolution of the underlying intra-psychic conflicts appears to have little overall success.

It seems, therefore, fair to conclude, I believe, that in these models the conceptualization of the problem is, in fact, part of the problem.

The Re-Evaluation Counseling Model

How would an approach based on the "rational" model of human behavior presented in Re-evaluation Counseling differ from the approaches that proceeded from the "sin" and/or "sickness" models?

The distinction between rational and irrational behavior appears to have descriptive as well as explanatory power for the phenomenon of alcohol addiction. Considered from the larger perspective of human behavior in general, it is immediately obvious that the most salient feature of compulsive drinking is, in fact, its irrationality. It literally "makes no sense"; that is, it does not appear to serve any reasonable purpose whatsoever, contributing neither to the well being of the person, nor of his associates, nor to any recognizable effort in producing any recognizable individual

or social benefit. On the contrary: it leads with some regularity to loss of physical, mental, social, and spiritual well being, and to deterioration and death.

As persistent irrational behavior in the face of such alarming odds alcohol addiction is certainly striking, but in no way unique. There are a great many other compulsive forms of destructive behavior commonly observed in the ordinary lives of ordinary people--such as addictions to eating, smoking, nagging, competition etc. etc.--quite apart from our innumerable social irrationalities, ranging from the rigidities of conventions and role expectations to the monstrous irrationality of such corporate policies as our attempts to preserve freedom by means of oppression and terror, and to protect our safety and welfare by means of the elaboration of increasingly lethal and massive systems of destruction.

Alcoholism shares with all other forms of irrationality the basic characteristics of "patterned" (i.e. conditioned) behavior, namely rigidity, repetitiveness (including escalation), and perseverance in the face of all obstacles and rational objections--a persistence which may have survival value in lower life forms, but which in human beings is always ultimately non-adaptive.

Practical Implications

The practical advantages of such a perspective are obvious: When alcoholism is seen as irrational behavior rather than as a sickness or sin, the alienating stigma is removed. Clients and counselors, patients and therapists alike are understood to be controlled by rigid patterns in many areas of their life. In this way the common humanity is restored. The patient is released from the terror and isolation of his separateness: the therapist, like him, knows what bondage to compulsions feels like.

Thus the problem of guilt and responsibility can be seen from a more rational perspective. When it is understood that irrational behavior is always the result of undischarged experiences of hurt and invalidation, it becomes clear that the human being is not to be blamed, nor pitied, nor reproached, nor shamed or punished, but unconditionally affirmed and supported. Guilt and fear cease to be exploited as motivating forces. Rather, they are recognized as distresses that need to be discharged (not denied, as in the illness model!), so that the human being can become free to assume responsibility in present time.

When the compulsive pattern is separated from the person, it becomes immediately clear, that the human being, intelligent and co-operative, is an ally: to be recognized as such, communicated with and encouraged without any reserve.

Instead of being cast into the role of victim, or renegade, or ingrate resisting helpful guidance, the patient becomes a co-counselor, a co-worker in the process of liberation and re-emergence.

This last point seems particularly important. Re-evaluation Counseling places great emphasis on logical consistency between theoretical positions and practical structures.²⁵ Thus the co-counseling model expresses in a direct form a position of equality and mutuality, of unqualified brotherliness and sisterliness, and of validating confidence in every human being's ability to co-operate in his or her own recovery and in the recovery of others. (Jesus, too, impressed on us the importance of translating our principles into life when he ate at the tax collector's house and permitted the harlot to perform a work of love on his own body. . .)

What is involved is a shift from the conception of therapy as a set of techniques and procedures to what Harvey Jackins refers to as "the humanness called counseling", that is: a way of life. And a way of life not only for the

²⁵The importance of congruence between theory and practice is highlighted by Gregory Bateson's observation that "the highly abstract (philosophical) principles which guide the perceptions and actions of human beings . . . function primarily at prelinguistic levels of the mind . . . and the computation which goes on there is coded in primary process." Bateson, p. 11.

alcoholic, but equally for the therapist and researcher, and for all the other "surrounding important persons" who play such a crucial role in the process of recovery as a "continuing change in the style of life" which Bacon describes. (Ultimately, the change envisioned by Bacon extends to the life style of the society.) He writes:

The treatment setting of prime importance for recovery from alcoholism is not a hospital, a clinic, a doctor's or minister's office, a social agency or a jail, or any other specialized institution or place. The prime setting of significance is the social, interpersonal setting of the daily life most appropriate and probably for the particular individual. 26

Gregory Bateson, also points to the need for such a change in fundamental epistemology. In his article on "Cybernetics of the Self, A Theory of Alcoholism",²⁷ he presents an interesting exposition of what is generally referred to as the "pride" of the alcoholic. He argues that alcoholics tend to perceive and structure their relationships to others as "symmetrical"--i.e. in competitive, emulative ways (so that behaviors of A and B are regarded as similar and linked in such a way that a given behavior of A stimulates more of it in B)--rather than "complementary" (that is, in such a fashion that behaviors of A and B are regarded as dissimilar but mutually fitting together, so that more of

²⁶Bacon, p. 26.

²⁷Bateson, p. 1-18.

A's behavior stimulates more of B's complementary response).²⁸ The strong tendency towards symmetrical structuring of situations and relationships leads the alcoholic into more and more desperate attempts to prove his power over his "opponents": alcohol, friends, relatives, society, therapists, etc. Recovery becomes possible through a "dramatic shift from this symmetrical habit, or epistemology, to a complementary view of his relationship to others and to the universe or God".²⁹ Bateson suggests that one of the lessons to be learned from the epistemology of systems theory and from the ways of A.A. is the realization that the "spiritual conversion" required by the alcoholic in his or her "surrender" and subsequent recovery³⁰--the shift, that is from a symmetrical pride to complementarity--may have to be made by the non-alcoholic world as well, if we are to solve our problems. He writes:

If we continue to operate in terms of a Cartesian Dualism of mind versus matter, we shall probably also continue to

²⁸"Symmetrical behavior" is exemplified by the arms race, "complementary behavior" by the relationship between nursing mother and baby, for instance.

²⁹Bateson, p. 11.

³⁰Harry M. Thiebout, "Conversion as a Psychological Phenomenon (In the Treatment of the Alcoholic)", *Pastoral Psychology*, II:13 (1951), 28-34, describes the changes that occur in the "conversion" of alcoholics to sobriety as a shift from predominantly hostile and negative attitudes to positive, affirmative ones.

see the world in terms of God versus man; elite versus people; chosen race versus others; nation versus nation and man versus environment. It is doubtful whether a species having both an advanced technology and this strange way of looking at its world can endure. 31

In the field of practice this means that a non-competitive relationship to the larger world is required in which "the variable to be maximized is a complementarity and is of the nature of service rather than dominance."³²

Re-evaluation Counseling, I believe, represents such a shift in its theoretical perspective as well as in practice. The assumption that there is no rational conflict of interest between human beings, and that, given rationality, the actual desires of each can best be served by mutual cooperation, assumes a fundamental complementarity. So does the postulate that human beings are basically wholesome and integral--not divided against themselves and in irreducible conflict with and alienation from reality.³³ In practice a shift to complementarity in the therapeutic situation is induced through the requirement that every counselor needs to be counseled, and through the mutuality of the co-counseling relationship, in which the roles are not only reversible but

³¹Bateson, p. 17.

³²Ibid., p. 16.

³³"The Postulates of Re-evaluation Counseling, #21", in Harvey Jackins, *Guidebook to Re-evaluation Counseling* (Seattle: Rational Island, 1975), p. 6. "The Distinctive Characteristics of Re-evaluation Counseling, #3, *Ibid.*, p. 10.

regularly reversed, and where both client and counselor are in possession of all of the theory, and all of it applies to both of them.

The resulting shift in cognitive structures makes possible a shift from manipulation of one person by the other to a mutual effort towards the transformation of both participants in the relationship.

Such a change in perspective might not radically alter all our approaches to social problems, but it would undoubtedly change the emphasis. In the field of alcoholism, I presume, we would shift more of our attention from research into the effects of ethanol on mice, rats, monkeys, fish, and humans, and from our search for disease factors, curative agents and aversive measures, towards investigation of the effects of invalidation, distress, and oppression on human beings. We would spend less effort in devising coercive and punitive measures and more effort in the direction of encouragement. In therapy we would consistently address the human being rather than the "disease" or "disorder", and provide an environment safe and validating enough for individuals to help each other to discharge their distresses. In the area of prevention we would concentrate on gathering information (and implementing what we already know!) about stress situations and about ways of creating the nurturing, validating and encouraging environments that are appropriate for human beings. And I suppose,

as an increasingly rational society, we would work towards the removal of cultural patterns which promote the ingestion of poisonous substances for whatever purpose or "reason".

Could changes of this kind bring us closer to a solution for problems such as alcoholism, if these changes were broad and consistent enough? In my opinion, indications are that they would do so. It would undoubtedly eliminate many of the ambiguities and contradictions that characterize our present approaches and make real solutions to our problems seem so very difficult. And at the very least the adoption of a more positive, more optimistic world view would revive our own courage and joy in our work.

Conclusions

In summing up my conclusions, I would expect Re-evaluation Counseling training to be effective with alcoholics for the following reasons and in the following ways:

1. It gives a rational explanation of the addiction mechanism and allows for a conceptualization of alcoholism which steers clear of the more ambiguous and self-defeating aspects of the disease concept as well as of demonization and moralism. Instead it offers an interpretation of the phenomenon which challenges human beings to claim their

essential power and freedom and to take charge of their lives.

2. It offers a number of practical advantages. (a) It can be taught in classes and practiced in diads and groups. Beyond the class instruction and supervision, little therapist time is required. (b) Most people who have enough free attention to become co-counselors can learn the fundamental skills and techniques within a reasonable length of time. (c) Once the method is mastered, students can counsel with anyone who has also learned to do so, thus gaining access to a wider support system. (d) Co-counselors can do as much counseling with each other as they need and find time for, thus permitting intensive and prolonged therapeutic involvement with little or no financial expenses.

3. It is therapeutically appropriate. The general approach of Re-evaluation Counseling can be expected to counter specifically some of the heavy distress patterns that seem to be common in chronic alcoholics. Although research evidence has gradually discredited the assumption of a pre-morbid alcoholic personality structure,³⁴ there is rather general clinical agreement that alcoholics are often characterized by feelings of inadequacy, low self esteem,

³⁴Relevant research on personality factors is summarized and discussed in his paper, "Alcoholism Treatment 1952-72," by Ivor Thomas (Los Angeles: University of Southern California, 1972).

conflicts over dependency needs, hostility, and despair.³⁵ Re-evaluation Counseling specifically counters all negative self-concepts. Proceeding from a radically positive and optimistic evaluation of human nature, co-counselors are taught to adopt consistently validating and affirming attitudes towards the self and others. The co-counseling model establishes a peer relationship which contradicts the dependency patterns and fosters the assumption of responsibility for one's own progress.³⁶ In addition it permits participants to experience the helper role³⁷ and to benefit

³⁵CF. Howard T. Blane, *The Personality of the Alcoholic* (New York: Harper & Row, 1968).

³⁶A touching story illustrating the need for respect and "peerness" concerns a patient who had "come to the emergency ward on many occasions while she was intoxicated but who had refused follow-up care in the clinic. A turning point came on the occasion when a volunteer worker while serving coffee to the employees in the emergency ward, included the patient in her distribution. As a result the patient made an appointment in the clinic which was kept . . . and she was successfully treated. She frequently told her therapist that the turning point for her had been the fact that someone had considered her an equal." Morris E. Chafetz, H. T. Blane, and M. J. Hill, *Frontiers of Alcoholism* (New York: Science House, 1970) p. 15.

I must admit that the striking thing about this story for me is not so much its "striking illustration of the importance of early contact" stressed by the authors--but the fact of its inclusion as such in a work on *Frontiers of Alcoholism, Treatment and Research*--in 1970!

³⁷The therapeutic potential of the Helper Role is discussed by Frank Riessman, "The Helper Therapy Principle," *Social Work*, X (1965), 56-59.

The need for people who are willing to listen to psychiatric patients was recently stressed by Mead in her address to the Annual Meeting of the American Psychiatric Association. She suggested the formation of "corps of

from the therapeutic potential of being able to give as well as receive. As to the problem of motivation; it is becoming increasingly clear that the attitude of the therapist critically influences treatment outcome. Re-evaluation Counseling, by insisting on the radical difference between human being (intelligent, eager to communicate and to cooperate, and always to be approached with respect and caring), and his or her rigid, destructive behavior patterns, fosters a consistently positive attitude on the part of everyone involved. By insisting that addictions are distress patterns similar to other forms of irrational behavior (which can be changed), Re-evaluation Counseling fosters hope and encourages commitment to the process of liberation.³⁸

4. It is logically consistent and unambiguous. In the framework of Re-evaluation Counseling theory, all drug use (alcohol, tobacco, marijuana, coffee etc.) is considered irrational behavior, shutting down the human being's intelligence and

non-professional listeners" to accomodate the "discouraging numbers of patients who need only to talk to someone". Margaret Mead, *Clinical Psychiatry News*. III:7 (1975), 9.

³⁸The research of Truax and Carkhuff on therapist effectiveness has been referred to earlier. The optimistic position concerning motivation for treatment is summed up by Thinman: "So-called 'unmotivated' patients, we believe, are actually highly discouraged patients as a result of preceding repeated failure. They would 'give their right arm' to be helped towards self-respect and success." Joseph Thinman, "Reflections on Dr. Fox's Paper," *International Journal of Psychiatry*, p. 19.

installing distress recordings. Re-evaluation Counseling teachers and therapists are, therefore, committed to refrain from such drug use, and to work towards freeing themselves from all compulsive patterns of thinking and acting. The goal of complete rationality for all humans offers firm support to an ethic of non-drinking behavior..³⁹

5. It addresses basic needs. Alcoholics are often characterized as ego-centric, narcissistic, suffering from inability to establish primary object relationships etc. Giorgio Lolli defined alcoholism as "a disorder of the love disposition".⁴⁰ Re-evaluation Counseling in the co-counseling relationship has developed a model of basic human encounter in which, at the simplest and most direct level, the fundamental skills of paying attention, listening, caring, co-operation and communication can be learned and practiced.

6. It incorporates many features of the program of Alcoholics Anonymous, which has proved uniquely successful in helping many alcoholics not only to stop drinking but to live a full

³⁹Strangely enough, in the extensive discussion of who is qualified to treat the alcoholic, the question of the therapist's own use or non-use of alcohol is hardly considered at all. Falkey does point to the underlying problem when he notes: "Our culture has yet to provide an ethic which implies that it is all right not to drink, equal in strength to the prevailing ethic that one must drink to belong or to preserve one's uniqueness as an individual." Falkey, *Quarterly Journal for Studies on Alcohol*, p. 570.

⁴⁰Giorgio Lolli, "Alcoholism as a disorder of the love disposition," *Quarterly Journal for Studies on Alcohol* XVII (1956), 96-107.

and productive life. Re-evaluation Counseling, like Alcoholics Anonymous, is essentially a self-help movement, emphasizing lay counseling and the peer relationship, and providing a support system for its members. The positive and optimistic approach of Re-evaluation Counseling finds confirmation in the conceptualization of Alcoholics Anonymous which avoids the pessimistic and deterministic conclusions which are frequently associated with the disease conception of alcoholism. Re-evaluation Counseling shares with Alcoholics Anonymous the reluctance to use traditional religious terminology and imagery to express the content of what in AA is called a Spiritual Program and what I have discussed in this study as the Spiritual dimensions of Re-evaluation Counseling. The Twelve Steps include features considered crucial also in Re-evaluation Counseling: the need to discharge guilt, the importance of accepting responsibility in personal relationships and for one's own progress, the importance of becoming able to be in charge and supporting others, the mutuality of involvement, and the commitment to a way of life. Alcoholics Anonymous also recognizes the need for the release of painful emotion which is central to Re-evaluation Counseling; and both movements emphasize the importance of responsibility in present time. Since Re-evaluation Counseling does not require that a person identify himself or herself as an alcoholic and thereby avoids some of the steps of the labeling process

which according to S. Bacon plays such a crucial part in the social process of addiction, and since it offers a conception of alcoholism which differs in significant aspects from the conceptualization on which Alcoholics Anonymous is based, it is hoped that Re-evaluation Counseling could be effective with some of the people who are not ready to accept the approach of Alcoholics Anonymous.

7. It opens a way of Life. Many researchers and therapists have stressed the religious factors in alcoholism.⁴¹ The Fellowship of Alcoholics Anonymous directly characterizes its Twelve Steps as a spiritual program. Thiebout and others have stressed the need for "surrender" and "conversion" in the recovery from alcoholism.⁴² He sees the change involved in conversion as a shift from "predominantly hostile, negative attitudes," to "a set of predominantly positive, affirmative ones", and the purpose of religion "to influence man's thinking and feeling so as to produce and maintain positive feeling tones toward the world and the self."⁴³ Percy M. Sessions in his discussion of "Ego Religion and Superego Religion in Alcoholics", sees alcoholics as tied to rigid superego conceptions characterized by "pessimism and

⁴¹Cf. Clinebell, *Understanding and Counseling the Alcoholic*, p. 155: "for the alcoholic, religion and alcohol are interchangeable."

⁴²Thiebout, p. 28-34.

⁴³Ibid.

the air of impending doom", and "a load of guilt or the conviction of unworthiness." He found a comparatively favorable response by alcoholics to what he terms "ego religion" which "emphasizes the individual's personal relationship with God", and in which "love, faith and optimism are pronounced."⁴⁴ Howard Clinebell stresses the dynamic interaction between existential and neurotic anxiety in the etiology and treatment of alcoholism.⁴⁵

Inasmuch as alcoholism is rooted in existential anxiety, the world view of Re-evaluation Counseling and its nature as a spiritual discipline should be therapeutic. Inasmuch as alcoholism can be seen as arising from neurotic anxiety, the practice of co-counseling should be particularly helpful. Inasmuch as alcoholism is a chronic pattern of irrational behavior, discharge and re-evaluation of the relevant distressing experiences and a commitment to rational behavior should be effective.

In short: Re-evaluation Counseling training can be expected to play a useful role in the rehabilitation of alcoholics.

⁴⁴Percy M. Sessions, "Ego Religion and Superego Religion in Alcoholics," *Quarterly Journal of Studies on Alcohol*, XVIII (1957), 121-126.

⁴⁵Howard J. Clinebell, Jr., "Philosophical-Religious Factors in the Etiology and Treatment of Alcoholism," *Quarterly Journal of Studies on Alcohol*, XXIV (1963) 437-487; also Howard J. Clinebell, Jr., "Pastoral Counseling of the Alcoholic and his Family," in Ronald J. Catanzaro, *Alcoholism* (Springfield, Ill.: Thomas, 1968), p. 196-199.

CHAPTER 5

EXPERIMENTAL FIELD STUDY

The following study was undertaken as an attempt to test these conclusions and to develop a practical model for the use of Re-evaluation Counseling training in an Alcoholism Rehabilitation Program.

Setting

The project was conducted at Metropolitan State Hospital in Norwalk, with patients in the Alcoholism Rehabilitation Program. Patients are admitted to this program after detoxification and may stay in it for up to 90 days. The program is conducted on two adjoining wards (identified here as wards A and B) with an average population of 60 and 40, respectively. Although the therapeutic programs on both wards are highly similar, there seems to be some difference in "climate" between the two wards, due, in part at least, to the presence or absence of women, presumably. The all male ward (A) also has a larger population and considerably more turn-over. With the instruments used in the present study, however, no significant difference between the two wards was measurable.

All patients in the rehabilitation program are required to attend the basic therapeutic program, consisting

of Orientation Meetings, Ward Government, Therapeutic Community Meetings, Small Group Therapy, and Industrial Therapy. In addition, various opportunities for therapeutic involvement are offered by staff, volunteers, researchers, etc. At the time of this study patients could participate in Transactional Analysis groups, Bio-feedback Training, Marital and Family Therapy, A.A., therapy groups on Sexuality and Communications, Relaxation and Verbal Aversion Training, Recreational Therapy, and a Sports program.

Most patients enter the program with a primary diagnosis of alcohol addiction; approximately 5% are diagnosed as psychotic with secondary alcoholism; and about 15% as behavior disorders related to alcohol.

Altogether 83 patients were involved in the project. The sample consisted of all the patients on the two wards who were available for testing when the questionnaires were given, and who were able and willing to participate in the testing. The resulting sample population included 66 men and 17 women.

Slightly more than half of the participants reported one or more previous admissions to the hospital and/or to other alcoholism treatment programs. Individual histories of heavy drinking ranged from 2 to 48 years, with the majority of patients reporting heavy drinking for 10-15 years. The median age of the population was 43, with a range from 21 to 63, and the largest group in the 45-50 age range.

The racial background was not directly assessed. The group as a whole appeared predominantly Caucasian. 24 patients (29%) had Spanish surnames, 3 were Black.

Occupational levels were difficult to categorize from the available information. Roughly 30% reported no occupation or unemployment prior to admission, 50% had held unskilled or semi-skilled jobs, and 20% reported skilled or professional employment at some time prior to hospitalization.

Procedures

Re-evaluation Counseling is generally taught in weekly classes of 2-3 hours each for a minimum of 8 weeks. Students are also expected to meet for one 2-hour co-counseling session every week. In the class meetings the theory of Re-evaluation Counseling is presented by the teacher, counseling methods are demonstrated, and students are given an opportunity to report on their co-counseling sessions and to practice basic counseling skills. Classes are structured to cover the basic theory and to allow for discussion and practice.¹ The aim is to give participants an understanding

¹The content of Fundamentals Classes is outlined in the re-evaluation teacher's manual, and covers such topics as: The Nature of the Discharge and Re-evaluation Process; The Use of Validation; Fundamentals of Co-Counseling Techniques, Intermittent and Chronic Patterns; Addictions; Touching People; Affection, Love, and Sex, etc. *A New Kind of Communicator, the RC Teacher* (Seattle: Rational Island, 1974).

of the underlying assumptions about human nature and functioning while helping them to recover their ability to discharge distresses and to assist others in doing so. While these so-called Fundamentals classes are most generally taught as 8 weeks series of meetings, and participants begin active co-counseling after the second class meeting, actual mastery of even the elementary co-counseling theory and practice generally takes longer, and co-counselors may repeat Fundamentals classes several times.

Basically, the model of the Fundamentals class proved suitable for the present study, at least as to content and format of the classes. The in-patient setting offered opportunity for more intensive involvement.

Class meetings, therefore, were held three times a week for two-hour periods. (An attempt made in the pilot phase of the project to hold daily classes met with such formidable scheduling and attendance problems that it was abandoned. If Re-evaluation Counseling training was to become a regular part of an alcoholism rehabilitation program, daily classes should certainly be considered.)

Because of the wide variation in educational levels within the experimental group theoretical discussions were kept to a minimum. Much time was given to group activities, particularly validation (the verbal and non-verbal expression of appreciation and caring). Since formal co-counseling

sessions proved difficult to establish in many cases, about half of the class time was regularly used for co-counseling "right then and there". In accordance with Re-evaluation Counseling policy, smoking was not permitted during class time.

Altogether, the modifications necessary to adapt the Fundamentals class model to the State Hospital In-patient ward setting were minor. No new format had to be developed. The content of basic Re-evaluation Counseling training was rigorously adhered to. The flexibility in approach required was well within the range of creative adaptation that can be expected from any experienced Re-evaluation Counseling teacher.

Problems

The problems encountered were many and varied. Some of the initial difficulties stemmed mainly from the fact that Re-evaluation Counseling, as well as the teacher as a person, were completely new to the institution and to the patients, and that the project had to be fitted into an institutional structure and a therapeutic program that offered many choices. Just to find a time when everybody was free to meet, and a suitable place to meet in, proved quite complicated. And even after classes were established, unscheduled activities, medical and dental appointments, court appearances,

appointments with vocational counselors and welfare workers etc. interrupted regular attendance. The class members, also, at least in the beginning, were rather vague in their commitment, and probably none too clear in their understanding of the purpose of the training class. For some the class setting itself--reminiscent of school experiences--appeared initially to be rather distressing. Most class members had previously participated and were currently involved in several different therapy groups with widely differing approaches, which was experienced by many as confusing and threatening. My own familiarity with some of the other therapeutic approaches was useful in this regard, enabling me to point out underlying similarities and to explain differences from the approach used in Re-evaluation Counseling. However, I feel that the multitude of often quite contradictory treatment efforts has serious drawbacks, and leads in practice to much playing of "therapy games".

My own eagerness to get the class going and to assure its success probably contributed to these problems. With a somewhat more relaxed approach I would have presented the material more gradually and with more sensitivity to the particular difficulties many of the participants were experiencing.

Co-counseling, also, did not procede as smoothly as hoped. In the case of one class member it was clear that he

would not be able to co-counsel (he also could not be tested), and no attempt was made to urge him to do so. All other participants did choose co-counselors, and most of them reported on co-counseling sessions. Nevertheless, I doubt that more than about half of the class members did learn to co-counsel even at a rudimentary level, and even fewer established regular co-counseling relationships. (The number would have been somewhat greater, I am sure, if reasonably private facilities had been available for co-counseling, and if the staff and all the patients had been acquainted with co-counseling practices. Discharge absolutely requires a measure of "safety", i.e. a setting free from the fear of interruption and censure. However, only part of the difficulty can be attributed to such problems. I feel sure that more attention and support given by the teacher to the establishment and proper functioning of the co-counseling relationships would have been crucial. Almost certainly the standard format of the 2-hour co-counseling session arranged by the students themselves made too great demands on class members initially. Also, unfortunately, the practice of the teacher's co-counseling with each of the students at least once, had to be given up when classes continued to grow in size. I did continue in taking my part as a client in group activities and short counseling sessions during class, but feel strongly that there was a real loss incurred in both contact and learning, and for the teacher as well as

for the student. (Giving a student the opportunity to be counselor to one's own distresses establishes a level of common humanity which is not easily reached through other means--and it certainly makes short shrift of any therapy games one may unawares have been playing!)

Only a handful of the participants probably reached any clear understanding of Re-evaluation Counseling theory. For the largest part, it seems, benefits were derived from the class activities, which concentrated heavily on individuals working with the teacher in front of the group, validation exercises, and short co-counseling sessions.

Better pre-screening and a strict adherence to the "no visitors after the second class meeting" rule would have insured a more stable setting for everyone.

The no-smoking-during-class rule, controversial at the beginning, proved useful in stimulating many discussions of the addiction mechanism in a field that was not as completely covered with distress as the area of alcohol and drinking. The matter of touching and hugging, an integral part of Re-evaluation Counseling training, also might have been approached with more sensitivity and patience had I felt less anxious at the time. How important this particular aspect of the Re-evaluation Counseling approach was in the situation became clear to me after I learned that the Re-evaluation Counseling training class was referred to in ward discussions as the "hugging group", and when several

patients who were not part of the class approached me individually with questions and suggestions about the dangers of physical contact between members of the same or opposite sex.²

In retrospect, I keep being amazed that in the situation, and given my inexperience and naiveness, we got started at all, made it through the first week, and kept going in spite of everything. The members of the pilot group, as well as all the experimental group members, deserve a lot of credit for their courage, their willingness to try something so different, and their forbearance and persistent good will!

Structure and Method

In order to become familiar with the hospital setting and program I first conducted a small pilot project on ward B. 7 patients volunteered for the project, 2 dropped out during the first week; the 5 others--2 women and 3 men--stayed with it for the full month. In the beginning we tried to meet every weekday, eventually we settled into a three times a week pattern.

²Re-evaluation Counseling theory considers the need for physical closeness and for touching and being touched awarely to be one of the basic rational needs of human beings. Because this need is so obscured in our culture, particularly through its identification with sex, co-counselors are taught and encouraged in all Re-evaluation Counseling activities to meet this need with one another.

Questionnaires were given at the beginning and end of the month to all patients available for testing on the two wards. After the second testing the Re-evaluation Counseling training project was briefly explained, and patients who had been in the rehabilitation program for less than one month were invited to sign up for participation. Those who did so were invited to attend the first class meeting for orientation. If they chose to continue, they were expected to participate regularly for a period of four weeks.

Accordingly, two groups were started: one on ward A with 6 members, one on ward B with 13 members (the greater interest on ward B, presumably, stemmed from the fact that many patients already were somewhat familiar with the format of the class and with the teacher because of the pilot project conducted on this ward during the previous month. Also, the presence of women on the ward and in the pilot group probably facilitated the process of getting started. In all Re-evaluation Counseling activities up till now women on the whole have seemed to be quicker than men to grasp the significance of the process and to make it work in their own lives.)

The expectation that the groups would continue for four weeks more or less as a unit proved somewhat unrealistic. As the classes became established, participants insisted on bringing their friends. New attenders were not easily

persuaded that they should wait till the end of the month to be admitted. On ward A the population rose to 13, dropped to 4, rose again. Eventually 9 members completed at least 3 weeks of Re-evaluation Counseling training. On ward B the group became popular and somewhat controversial (because of the encouragement of physical contact and the no-smoking rule). It also regularly included several Ward Government officers, which contributed to its acceptance by the patients.

Attendance remained high and on the whole fairly steady, including eventually as many as 18 participants, sixteen of whom completed the full four weeks course. In the second part of the training period two class members were given responsibilities as assistants and successfully handled some class meetings in which the teacher was not able to be present. One of them has recently participated in a Re-evaluation Counseling workshop and plans to attend a Re-evaluation Counseling class in her area. The other assistant has since returned to Metropolitan State Hospital as a patient.

On the other hand, original class members were lost through transfer (2), medical and family problems requiring discharge from the hospital (2), loss of interest, or conflicting activities (3). However, during the whole period (4 months) only 4 members of the Re-evaluation Counseling

project were given administrative discharges, and 2 of these had previously dropped the class.

At the end of the training period questionnaires were again administered to patients on both wards.

Since enthusiasm continued, the training class on ward B was re-formed, and new members were officially admitted. The class then continued for another month on an on-going basis. 8 more members were graduated, with "older" members attending up to the time of their discharge or transfer.

At the end of this second training period questionnaires were given to the Re-evaluation Counseling class.

(Finally, a kind of follow-up class was conducted one evening a week. Several members who had been discharged from the program returned a few times for these meetings; two men also brought their wives. However, in this unstructured setting the problems began to outweigh the advantages, at least from the teacher's point of view. With new attenders lacking any clear understanding of Re-evaluation Counseling theory and practice, the class was moving in the direction of becoming a social club--enjoyed by all (and probably meeting some real need)--but hardly acceptable as a class in Re-evaluation Counseling or within the parameters of the research project. So at the end of the fourth month the class was laid down.

Criteria for the Evaluation of Treatment Effectiveness

It was not expected, of course, that a few weeks of Re-evaluation Counseling training would "cure" chronic alcoholism, or that Re-evaluation Counseling would be equally effective with all patients. The theory does claim that, given attainable conditions, the process of discharge and re-evaluation works reliably, permitting the individual progressively to become free from compulsive behavior patterns, and to regain intelligent, flexible functioning. The dissolution of chronic patterns (such as addictions) requires a great deal of effort and time; but any amount of discharge is assumed to be therapeutic.

Hypotheses

Therefore, a Re-evaluation Counseling training group could be expected to become generally less distressed, and to show changes in the following directions:

- (1) Increase in positive valuation of self
- (2) Increase in positive valuation of others
- (3) Increased feeling of being in charge of one's own life
- (4) More positive evaluation of life in general, and of the possibility of meaningful involvement with others and in the world.
- (5) Increased motivation for change, expressed through continued participation in rehabilitation activities,

therapy, A.A., Re-evaluation Counseling, etc.

(6) Decrease in drinking behavior.

Measures

The following instruments were used:

I. The Rotter Internal-External Control Scale

Julian Rotter developed this scale to assess the perceived locus of control. The scale has been found reliably to distribute subjects according to the degree to which they accept personal responsibility for what happens to them. Internal control refers to the perception of events as being a consequence of one's own actions. External control refers to the perception of events as being beyond personal control. Recent research findings suggested the instrument to be highly suitable for the proposed study. Hersch and Scheibe, for instance, report that

I-E is found to relate consistently to measures of maladjustment, with internal scorers less maladjusted. I-E is consistently related to a variety of personality scales, with internal scorers describing themselves as more active, striving, achieving, powerful, independent, and effective. ³

Butts and Chotlos found that "Alcoholics tended to be more external than non-alcoholics of comparable range and socioeconomic status, as measured by Rotter's Internal-External

³Paul D. Hersch and Karl E. Scheibe, "Reliability and Validity of Internal-External Control as a Personality Dimension, *Journal of Consulting Psychology*, XXXI (1967) 601-613.

Control Scale"⁴

Accordingly, the hypothesis that Re-evaluation Counseling fosters a feeling of being in charge of one's life and able to take responsibility for one's actions would be supported by test scores indicating movement in the direction of internal control.

II. The Leary Interpersonal Adjectives Checklist

This measure was developed by Timothy Leary and others as part of a multilevel diagnostic system of personality assessment, based on Harry Stack Sullivan's Interpersonal Psychology. Its development and scope are described by Leary, La Farge, and others.⁵ Adjective checklists of one kind or another have been used in many studies with alcoholics as a measure of the self-concept, for instance by Vanderpool and Matefy.⁶

I chose the Leary checklist for my study because it can be expected to yield a measure of a person's self-concept

⁴Stanley V. Butts and John Chotlos, "A Comparison of Alcoholics and Non-Alcoholics on Perceived Locus of Control," *Quarterly Journal of Studies on Alcohol*, XXIV (1973), 1327-1332.

⁵Timothy F. Leary, *Interpersonal Diagnosis of Personality* (New York: Ronald Press, 1957). R. LaForge and R. G. Suczec, "The Interpersonal Dimension of Personality: III. An Interpersonal Checklist." *Journal of Personality*, XXIV (1955), 98-112.

⁶J. A. Vanderpool, "Alcoholism and the Self-concept," *Quarterly Journal of the Study on Alcohol* XXX (1969), 70-76;

as well as his or her attitude towards others, and because its parameters are fairly closely related to my theoretical assumptions that therapeutic change can be measured as increase in positive valuation of the self and others (Love score), and decrease in the feelings of powerlessness and alienation (Dom score).

The hypothesis that Re-evaluation Counseling fosters a more positive attitude towards self and others would be supported by test scores indicating movement in the direction of Affection (Love) and Dominance (Dom) on the Leary diagnostic profile.

III. Attitude to Life Scale

This measure was developed specifically for this study. Three of the statements (#1, #4, and #18) were taken, with some simplification, from the Faith in Human Nature Scale designed by Morris Rosenberg.⁷ Other items were selected for their agreement or disagreement with the basic assumptions of Re-evaluation Counseling about human nature and about the nature of reality.

The whole scale was tried out with a group of high

Robert E. Matefy, et al, "Self-Acceptance in Alcoholics who accept and reject Help, *Journal on Alcohol*, XXII (1971), 1088-1091.

⁷Morris Rosenberg, "Misanthropy and Political Ideology," *American Sociological Review*, XXI (1956), 690.

school students. It appeared to discriminate adequately between more or less optimistic attitudes.⁸ I expect the scale to give at least a rough measure of shifts in an individual's general attitude to life.

The hypothesis that Re-evaluation Counseling fosters faith, hope, and a positive relatedness to the whole would be supported by test scores indicating movement in the optimistic direction on the Attitude to Life Scale.

IV. Behavioral Measures

Records of participation in Re-evaluation Counseling training were kept, and an attempt was made to contact all participants in the project after 3 months to elicit information about adjustment factors.

Design

In order to control for maturation and testing variables a Pretest-Posttest Control Group design was adopted.⁹ A graph may illustrate the procedure:

⁸The number of students tested was 22 (m 10, f 12). The scores--number of items marked in the pessimistic direction--ranged from 1 to 13, with the mean at 5.9. Males scored slightly higher than females (m mean 6.7, f mean 5.2).

⁹Described and discussed by Donald T. Campbell and Julian C. Stanley: *Experimental and Quasi-Experimental Designs for Research* (Chicago: Rand McNally, 1963).

TABLE I

TESTING AND TRAINING SCHEDULE

Time Sequence for Testing and RC Training

A	B	C	D
01 N=30 X1 N= 7			
	02 N=16 X2 N=26		
		X4 N= 7 X3 N=11	
← 1st Month	* 2nd Month	* 3rd Month	→

A, B, C, D indicate testing sessions at equal intervals of one month.

02 and 02 are control groups, X1 stands for the pilot group, X2 and X3 for the experimental groups, X4 was the group continuing with Re-evaluation Counseling after the training period.

Questionnaires were administered

--at point A to all patients who had entered the rehabilitation program during the previous month

--at point B to all patients who had participated in the testing at A, and to all new patients

--at point C to all patients who had participated in the testing at B (but not A), and to all new patients.

--at point D to the participants of the RC group who had started the class at C.

("all patients" to be understood as: those who were available for testing, willing to participate, and able to do so. Low

levels of literacy, lack of command of the English language, or test anxiety excluded several patients from being tested.)

Selection of Subjects

Complete randomization of the sample as recommended by Campbell and Stanley for true experimental designs was neither practical nor altogether appropriate for the present study. Although Re-evaluation Counseling is being used successfully even with severely disturbed individuals, Re-evaluation Counseling training depends to a considerable extent on the interest of the student. Furthermore, individuals differ greatly in the speed with which they are capable of recovering their ability to discharge freely, and in the amount of free attention they have available for co-counseling. It was, therefore, considered desirable to let the process of self-selection work as freely as possible, admitting to the training class only those who volunteered for it, and who were willing to commit themselves for the whole training period. Approximately one out of four patients who attended initial class meetings did drop out.

All patients who completed pre-tests and post-tests and who did not choose to participate in Re-evaluation Counseling training constituted the Control group. (The differences in mean pre-test scores between groups 01 and 02 were not statistically significant, permitting combination of the

two groups.)

All the patients who completed pre-tests and participated in the training class for more than two sessions constituted the Experimental group.

Both Control and Experimental groups took part in the regular rehabilitation program of the ward, and in any other therapy groups they chose to attend. (In order not to compete or conflict unnecessarily with other therapeutic offerings and prejudice the results with still another set of uncontrolled variables, it was decided to hold all RC classes during "free time".) Clearly, with the wide variety of therapies offered, it could not be a question of assessing the effectiveness of different combinations. Rather it was assumed that the variety itself would have a randomizing effect. Any kind of reasonably successful therapy would, presumeably, produce results roughly similar to some or all of the therapeutic changes expected from Re-evaluation Counseling training. So all groups could be expected to show some movement in the direction hypothesized for this study. Any significantly greater or lesser movement of any of the groups on these measures might then reasonably be attributed to the effects of Re-evaluation Counseling training as to the one independent variable discriminating between the groups as a whole.

The generalized hypothesis for this study, therefore, expresses my expectation that the Re-evaluation Counseling

training group would show movement in the direction of positive valuation of self and others and of life in general to a significantly larger degree and more consistently than did the Control group.

CHAPTER 6

RESULTS

It seemed important to me in a study of this nature to keep the statistical evaluation as simple as possible, and to strive for communication rather than sophistication. The accuracy possible in quantitative analysis tends to give a false sense of assurance that results so obtained must be objectively true because of their neatness and clarity, and the precision of the third or fourth digit after the decimal point.

It is clear, however, that measures such as the ones used in this study cannot objectively prove anything. At best, such instruments can be expected to give a measure of central tendency in the process under observation.

In order to steer clear of idolatry as well as agnosticism in the matter, the simplest and most straightforward methods of quantitative analysis were used throughout.

The statistical findings will be discussed as thoroughly as possible in the text, and computer print-outs of all individual scores will be included in the appendix.¹

¹All computations are based on Daniel S. Lordahl: *Modern Statistics for Behavioral Sciences* (New York: Ronald Press, 1967).

Pretests

Altogether, 90 pretests were given. 7 of these were incomplete or very obviously marked at random, and were therefore excluded from the sample. 37 of the patients tested subsequently volunteered for RC training. The remaining 46 constituted the Control group.

Using the .05 level of confidence, there were no significant differences between the Experimental and the Control group on any of the tests. (See Table II.)

TABLE II
COMPARISON OF CONTROL AND EXPERIMENTAL GROUP
ON PRETEST SCORES

Measures		Mean C-gr N=47	Mean RC-gr. N=39	t	p <
Rotter I-E scale		8.57	8.00	0.59	.5
Attitude to Life		3.75	5.09	1.63	.1
Leary Checklist					
Self	LOV	-2.03	-4.31	0.82	.4
	DOM	0.78	0.28	0.16	.9
Other	LOV	4.17	1.37	1.25	.2
	DOM	1.89	0.53	0.47	.7

Posttests

Campbell and Stanley in their discussion of tests of significance for pretest-posttest control group designs strongly recommend that gains scores be used as a basis for comparison, rather than pretest and posttest means.² Accordingly, average pretest-posttest gains were calculated for each group, and then the critical ratio (t) between experimental and control group was computed on these gains.³

60 patients took part in the post-testing session. Of the original 83 participants 23 had left the program during the following month (i.e. they stayed in the program less than 30 days). The difference in "mortality" rate between the two groups was considerable: the control group lost 18 (40%), the experimental group only 5 (14%).

Rotter Internal-External Control Scale

On the Rotter Scale the experimental group scored significantly lower, i.e. in the internal direction, than the control group. The posttest means for the two groups were C-group: 7.14, RC-group: 4.37, $t=3.172$ --that is: the

²Donald T. Campbell and Julian C. Stanley, *Experimental and Quasi-Experimental Designs for Research* (Chicago: Rand McNally, 1963) p. 23.

³According to the formulae for tests of significance given by Lordahl, p. 107, 185.

difference between the two groups was highly significant at the .001 level of confidence.

The gains scores for the two groups show a similar change for the Re-evaluation Counseling group with a comparatively smaller change for the control group. (The C-group made an average gain in the internal direction of 1.4 points, the RC-group of 3.6 points, $t=2.99$). The two groups, therefore, can be considered different as to their posttest scores on this test at the confidence level of .01 (less than 1% probability of error). The scores indicate a significantly larger movement in the direction of internality by the experimental group. (See Table VI, p 170.)

Mode of Response

The Rotter Scale consists of 23 items requiring a choice between two statements expressing roughly opposite perceptions of the locus of control. An item by item analysis of individual scores revealed some interesting changes.

Pretests: the item most frequently marked by both groups in the external direction was #3: There will always be wars, no matter how hard people try to prevent them--was chosen by 24 out of 28 participants in the control group, and by 27 out of 32 in the experimental group. The next highest item was #18: Most people don't realize the extent to which their lives are controlled by accidental happenings, : C-group 18, RC-group:24. The resulting frequency profiles for both

groups were fairly similar. (See Table VII, p. 171.)

The posttest score frequencies show a different pattern: item #3 remains almost the same (C -1, RC -4 points). But on item #18 the RC group changed markedly: 21 participants now expressed the opinion that: There really is no such thing as luck. (-13 points), while only 13 of the control group thought so (-5). The largest change for the control group (-7 points) was on item 26, where 21 participants chose: People are lonely because they don't try to be friendly--over: There is not much use in trying too hard to please people; if they like you, they like you. The RC group showed a numerically comparable shift, but had scored fairly low on this item already on the pretest. In addition, the experimental group changed markedly on items #5, #12, #13, #25, and #28. (See Table VIII, p. 173.)

Age Factor

Research has pointed to the possibility that scores on the Rotter scale may be related to an age factor, with younger people tending to score more externally than older ones.⁴ This factor was therefore examined for its possible

⁴The possible influence of an age factor is considered by Stanley V. Butts and John Chotlos, "A Comparison of alcoholics and non-alcoholics on perceived locus of control," *Quarterly Journal of Studies on Alcohol*, XXXIV (1973), 1332; also by E. Lichenstein and C. S. Kreutzer, "Further Normative and Correlational Data on the I-E Scale, *Psychological Reports*, XXI (1967), 1014-1016. They found that older subjects

relevance in this study. The results were inconclusive: the oldest group (50-60) in both control and experimental groups did, indeed, score lower than the youngest group (20-30), but the decrease was not linear. (See Table III.)

In the experimental group the largest gains were shown by groups III and IV. The control group showed largest gains in groups II and IV.

TABLE III

ROTTER INTERNAL-EXTERNAL SCALE AGE FACTOR

Age	C-Group		RC-Group	
	Pretest	Posttest	Pretest	Posttest
20 - 30	9.8	8.8	8.8	5.1
30 - 40	8.4	6.1	5.4	2.6
40 - 50	9.2	8.6	9.0	4.1
50 - 60	7.0	5.0	8.0	3.0

General Attitude to Life Scale

On the pretests the two groups showed a mean difference that was almost significant at the .1 level of confidence (10% probability of error). The experimental

tended to score more internally.

Another observation recorded by them has some interest for the present study: They found that external scorers were more likely than internal ones to predict their own death to occur "by chance" or fate.

group scored higher, i.e. in the more pessimistic direction, than the control group. (C-group mean score 3.8; RC-group mean score 5.1).

On the posttests the relationship was reversed. The Re-evaluation Counseling group appeared more optimistic (mean 2.4, mean gain score 2.68). The control group also showed movement in the optimistic direction, but considerably less than the experimental group (mean 3.3, mean gain score 0.42). The difference between the gains scores of the two groups is highly significant at the .001 level of confidence. (See Table VI, p. 170)

Mode of Response

The measure consists of 18 statements to be marked true or false. Items scored in the pessimistic directions are counted; therefore, the lower the score, the more optimistic the attitude expressed.

Item #16: It is always possible to find a way if one is really trying--was considered true by all participants in the RC group, and by all but 2 in the control group. In both groups statement #1: If you don't watch out, people will take advantage of you--was marked in the pessimistic direction most frequently on the pretest (C-group by 24 out of 28, RC-group by 27 out of 32). Next in order of frequency was #12 (The world is a safe place), marked "false" by 11 out of 28 participants in the control group, and by 22 out of 32

in the experimental group. (See histogram for general configuration, Table VII, p. 171.)

For the posttests, the largest amount of change in the RC group was on items #12 (-9 responses), #15 (-9 responses), #14 (-8 points), #1 (-8 points). On item #2: What I do makes a real difference in the world--the negative score increased by 2 points (from 10 to 12).

The control group showed much smaller changes. Largest decrease in negative scores was on item #13 (-4 points). There also was a fairly large increase in the pessimistic direction on item #2 (+5 points), and a 1 point increase on item #1.

Some information concerning particular groups within the total sample may be worth recording here.

Male-Female

In the initial sample population women comprised 20%. A slightly larger percentage of women (25%) volunteered for Re-evaluation Counseling training (N=9). All but one of these completed at least three weeks of training and answered the posttest questionnaires. Of the women in the control group (N=8) only 5 completed posttests. The resulting samples were really too small for the scores to be considered conclusive, but they merit reporting, I think.

In both groups the women scored considerably lower than the men on both the Rotter and the Attitude to Life

scales (a tendency exhibited also by normal sample populations on the Rotter I-E control scale--although to a slighter degree. Since there is some agreement in research findings that women alcoholics who enter alcoholism treatment programs, in general exhibit more serious pathology than the men, the present data may indicate that the Rotter scale is not sensitive to degrees of pathology as such.)

When compared with each other, the two groups differed markedly: The women in the control group showed almost no change between pre- and posttests, while those in the Re-evaluation Counseling group changed significantly on these measures (although still less than the men in the experimental group). See Table IV, p. 169.

Different Levels of Re-evaluation Counseling Training

Of the 32 participants in Re-evaluation Counseling training who completed pretests and posttests, a total of 6 participated in less than two weeks of training. The reasons for such insufficient or inconsistent attendance ranged from frequent absences due to health problems (1), and court appearances (2), to conflict with another class member (1), and loss of interest (1).

In an attempt to gain some insight into whether or not the quantitative level of training had an influence on test scores, the two groups were compared with each other. The difference in average gains made by the two groups

proved to be significant at the .05 level of confidence for both the Rotter and the Attitude to Life scales, (and for the LOV OTHER score on the Leary Checklist), confirming the expectation that those involved in Re-evaluation Counseling training for a more extended period profited more from the class and showed a comparably greater change in the direction expected from such training. The results also lend support to the conclusion that such positive changes were, in fact, largely due to the effects of Re-evaluation Counseling training. See Table V, p. 169.

TABLE IV

COMPARISON OF MEN AND WOMEN ON TEST SCORES

Measures		Men		Women	
		C-group N=23	RC-group N=24	C-group N=8	RC-group N=5
Rotter I-E	Pretest	9.2	8.6	5.8	6.3
	Posttest	7.5	4.7	5.6	3.5
Attitude to Life	Pretest	4.1	5.5	2.2	3.8
	Posttest	3.5	2.8	2.4	1.4

TABLE V

TRAINING LEVELS

Level I: Less than 2 weeks; Level II: 3 weeks or more.

Measures	Level I Pretest	Means Posttest	Level II Pretest	Means Posttest
Rotter I-E Scale	8.0	6.5	8.0	3.9
Attitude to Life	5.7	3.9	5.0	2.1
GAINSCORE MEANS				
Measures	Level I N=6	Level II N=26	t	p <
Rotter I-E Scale	1.5	4.1	1.78	.05
Attitude to Life	1.8	2.9	1.84	.05

TABLE VI

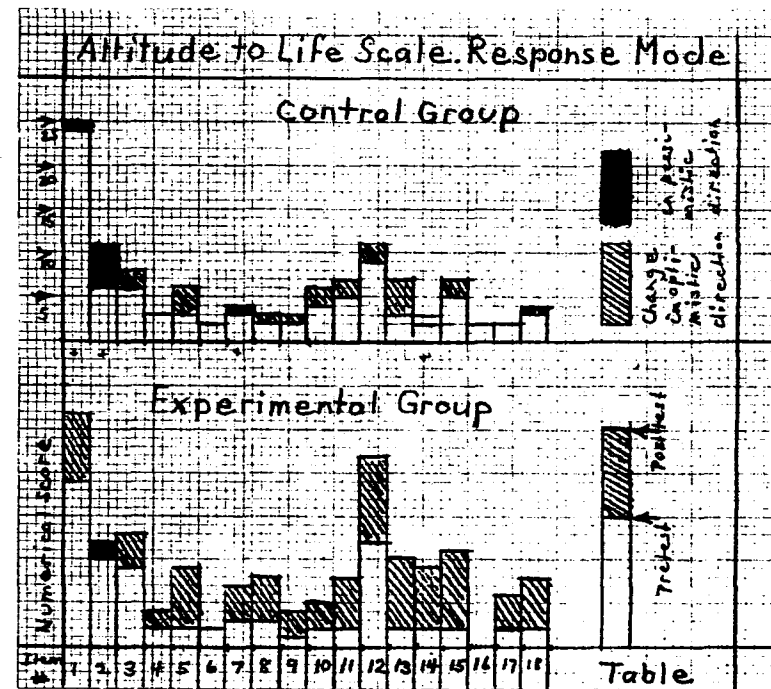
COMPARISON OF CONTROL AND EXPERIMENTAL GROUPS ON POSTTESTS

Measures	MEANS			
	C-group N=28	RC-group N=32	t	p <
Rotter I-E Scale	7.14	4.37	3.17	.001
Attitude to Life	3.32	2.46	1.47	.1

GAINSCORE MEANS				
Measures	C-Group	RC-group	t	p <
Rotter I-E Scale	1.42	3.62	2.99	.005
Attitude to Life	0.43	2.69	3.80	.001

TABLE VII

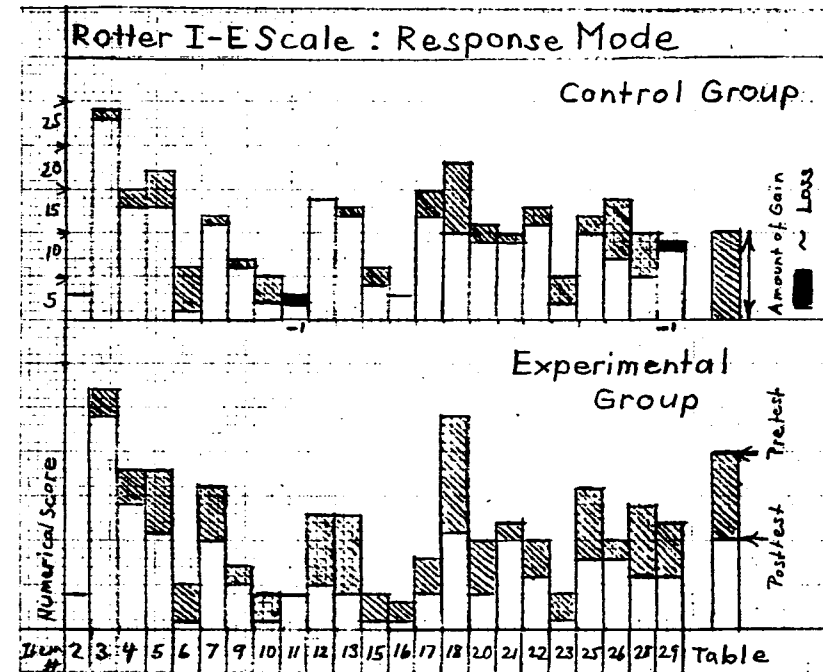
1. If you don't watch out, people will take advantage of you.
2. What I do makes a real difference in the world.
3. Mankind is probably doomed to destruction.
4. Nobody really cares what happens to you.
5. Things have a tendency to work out well.
6. I feel we can overcome the problems that face us.
7. We are all strangers and alone in this world.
8. I could be happy all by myself on a desert island.
9. Love is unreal.
10. I feel that the average person loses out in the long run.
11. We are just puppets in the hands of fate.
12. The world is a safe place.
13. Most people are inclined to help others.
14. Life has little meaning.
15. My future looks bright.
16. It is always possible to find a way if one is really looking.
17. I am afraid that things will never get any better.
18. Human nature is basically co-operative.



- 2a. Many of the unhappy things in people's lives are partly due to bad luck.
- b. People's misfortunes result from the mistakes they make.
- 3a. One of the major reasons why we have wars is because people don't take enough interest in politics.
- b. There will always be wars, no matter how hard people try to prevent them.
- 4a. In the long run people get the respect they deserve in this world.
- b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.
- 5a. The idea that teachers are unfair to students is nonsense.
- b. Most students don't realize the extent to which their grades are influenced by accidental happenings.
- 6a. Without the right breaks one cannot be an effective leader.
- b. Capable people who fail to become leaders have not taken advantage of their opportunities.
- 7a. No matter how hard you try some people just don't like you.
- b. People who can't get others to like them don't understand how to get along with others.
- 8a. Heredity plays the major role in determining one's personality.
- b. It is one's experiences in life which determine what they're like.
- 9a. I have often found that what is going to happen will happen.
- b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.
- 10a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
- b. Many times exam questions tend to be so unrelated to course work that studying is really useless.
- 11a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
- b. Getting a good job depends mainly on being in the right place at the right time.
- 12a. The average citizen can have an influence in government decisions.
- b. This world is run by the few people in power, and there is not much the little guy can do about it.
- 13a. When I make plans, I am almost certain that I can make them work.
- b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.
- 14a. There are certain people who are just no good.
- b. There is some good in everybody.
- 15a. In my case getting what I want has little or nothing to do with luck.
- b. Many times we might just as well decide what to do by flipping a coin.
- 16a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
- b. Getting people to do the right thing depends upon ability; luck has little or nothing to do with it.
- 17a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.
- b. By taking an active part in political and social affairs the people can control world events.
- 18a. Most people don't realize the extent to which their lives are controlled by accidental happenings.
- b. There really is no such thing as "luck."
- 19a. One should always be willing to admit mistakes.
- b. It is usually best to cover up one's mistakes.
- 20a. It is hard to know whether or not a person really likes you.
- b. How many friends you have depends upon how nice a person you are.
- 21a. In the long run the bad things that happen to us are balanced by the good ones.
- b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

TABLE VIII

- 22a. With enough effort we can wipe out political corruption.
- b. It is difficult for people to have much control over the things politicians do in office.
- 23a. Sometimes I can't understand how teachers arrive at the grades they give.
- b. There is a direct connection between how hard I study and the grades I get.
- 24a. A good leader expects people to decide for themselves what they should do.
- b. A good leader makes it clear to everybody what their jobs are.
- 25a. Many times I feel that I have little influence over things that happen to me.
- b. It is impossible for me to believe that chance or luck plays an important role in my life.
- 26a. People are lonely because they don't try to be friendly.
- b. There's not much use in trying too hard to please people, if they like you, they like you.
- 27a. There is too much emphasis on athletics in high school.
- b. Team sports are an excellent way to build character.
- 28a. What happens to me is my own doing.
- b. Sometimes I feel that I don't have enough control over the direction my life is taking.
- 29a. Most of the time I can't understand why politicians behave the way they do.
- b. In the long run the people are responsible for bad government on a national as well as on a local level.



Leary Interpersonal Adjectives Checklist

This measure yields raw scores on 16 personality traits. Participants were asked to complete 2 checklists, marking the first for adjectives they considered descriptive of themselves. On the second list they were to check the adjectives which in their opinion characterize "most people". In this manner two sets of raw scores were obtained: a self-report measure (SELF), and a measure of interpersonal perception (OTHER).

A diagnostic profile is obtained by ordering the 16 traits on a circular continuum (see illustration p. 175). Each personality variable may denote adaptive or maladaptive behavior depending on the intensity of the trait (the magnitude of the respective score), and the relationship among different variables. Thus in Octant I (A=P) moderate scores are expected to express the interpersonal category of "Managerial Orientation", while larger scores denote "Autocratic Dominance". Similarly, Octant II comprises categories ranging from "competitive" to "narcissistic", Octant III (D+E) a range from "critical" to "sadistic", Octant IV (F+G) skeptical-distrustful", Octant V (H+I) "self-effacing-masochistic", Octant VI (J+K) "docile-dependent", Octant VII (L+M) "co-operative-overconventional", and Octant VIII (N+O) "responsible-overgenerous".

Comparison between personality profiles and

assessment of personality change is made possible through the calculation of vector sums as a measure of central tendency.⁵ Accordingly, the 16 individual raw scores are combined into octant scores. Projections on the x-axis (LOV score), and on the y-axis (DOM score) are then calculated for each set of scores. For the present study the simplified formula presented by LaForge et al⁶ was used:

$$\text{DOM} = \text{AP-HI} + .7 (\text{NO+BC-FG-JK})$$

$$\text{LOV} = \text{LM-DE} + .7 (\text{NO-BC-FG+JK})$$

where AP = score in octant AP, etc.

Pretests

The Control and Experimental groups were found not to differ significantly from each other on any of their pretest scores on this measure. (See Table II, p. 160.)

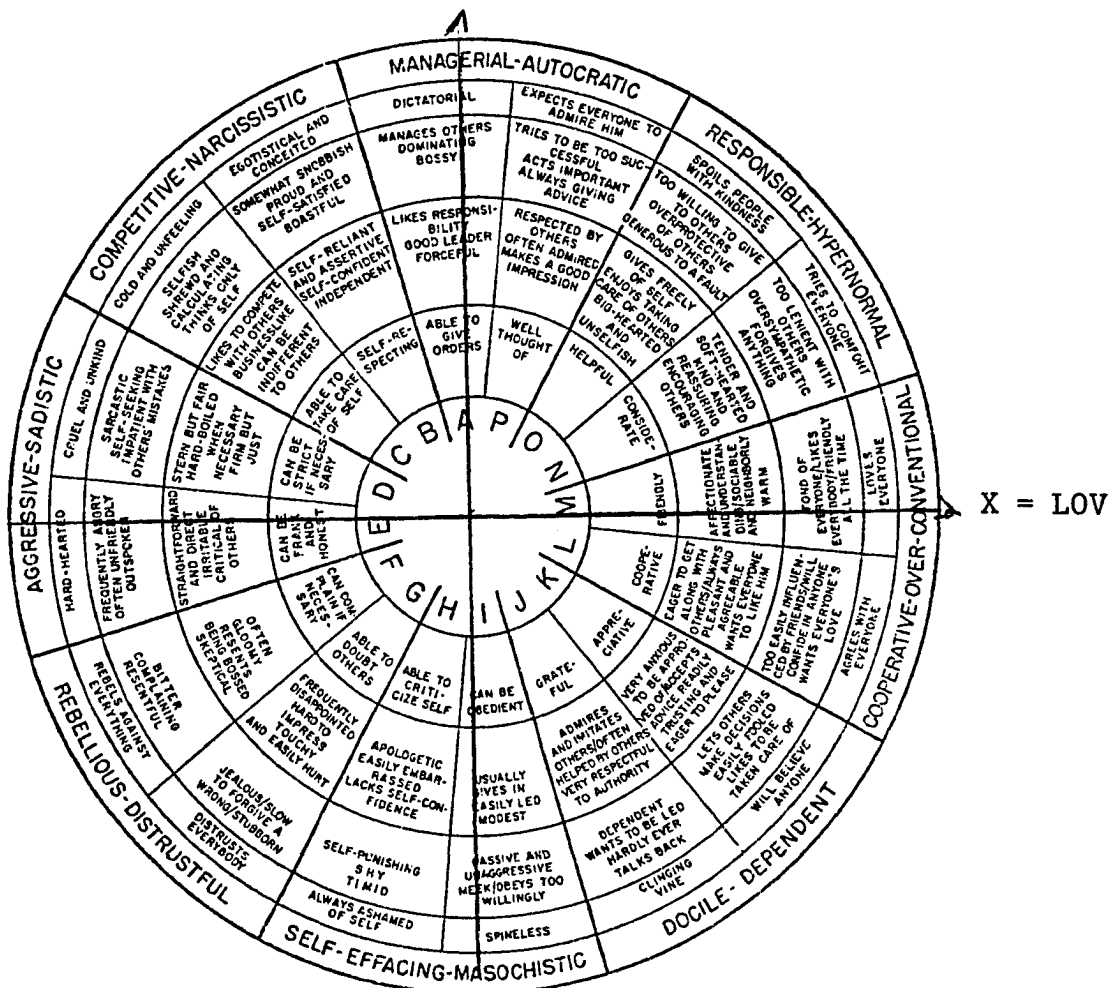
Posttests

The differences in average vector sums between the two groups were somewhat larger on the posttests than on the pretests, but the difference did not reach the .05 level of

⁵R. LaForge, et al, "The Interpersonal Dimension of Personality II: An objective study of Oppression," *Journal of Personality*, XXIII (1954), 129-153.

⁶LaForge and others: "The Interpersonal Dimension of Personality, II. *Journal of Personality*, XXIII (1954), 129-153, p. 140.

TABLE IX
ILLUSTRATION OF LEARY INTERPERSONAL
DIAGNOSTIC PROFILE

$$Y = \text{DOM}$$


confidence. The same was true for the gains score means.
(See Table X, p. 178.)

⁷Timothy Leary, *Interpersonal Diagnosis of Personality* (New York: Ronald Press, 1957), p. 135.

Both groups show some negative movement in the y-axis (DOM) amounting to -2 points for the control group, and to -1 point for the experimental group on the SELF-descriptive measure. The control group declined also on the DOM OTHER scores (-3 points), while the Re-evaluation Counseling group recorded a gain on the same measure, (+2.8 points). On the x-axis (LOV) the experimental group recorded considerably greater positive movement than did the control group (LOV SELF, C-group 1.4, RC-group 5.3; LOV OTHER C-group 2.0, RC-group 5.7 points). None of these differences, however, were statistically significant.

Analysis of Octant scores reveals that most of the gain realized by the experimental group was in one Octant, (L+M), for both SELF and OTHER scores. The second largest gain was in Octant I (A+P) OTHER. These results suggest that participants perceived themselves and others as more affectionate, and others as more "in charge" than they did before Re-evaluation Counseling Training.

The "losses" on the negative side can also be considered as positive movement, of course. Accordingly, both groups saw themselves and others as less competitive-exploitive; the control group described themselves and others in somewhat less skeptical-distrustful terms, and the RC group chose fewer adjectives in the area of self-effacingness and dependency to describe themselves and others.

Of these many fluctuations around the circle only the gains in Octant VII by the experimental group (SELF +4.5, OTHER +5.9) can be considered to express a central tendency large enough to be significant.

TABLE X

COMPARISON OF CONTROL AND EXPERIMENTAL GROUPS
ON POSTTEST SCORES

LEARY INTERPERSONAL ADJECTIVES CHECKLIST

		MEANS			
Measures		C-Group N=28	RC-Group N=32	t	p <
SELF	LOV	.71	1.18	.99	.2
	DOM	1.21	.65	.26	.4
OTHER	LOV	6.35	7.18	.45	.3
	DOM	1.39	3.31	1.61	.1
		GAINS SCORE MEANS			
SELF	LOV	1.43	5.31	1.28	.2
	DOM	2.00	1.09	.30	.4
OTHER	LOV	2.10	5.71	1.53	.1
	DOM	3.07	2.81	1.53	.1

DISCUSSION

A research design where the researcher herself is involved in the treatment to be evaluated, obviously presents methodological problems.

Re-evaluation Counseling training, like other forms of therapy and teaching, is not likely to be successful without intense personal involvement of the teacher. To conduct a project of objective observation and dispassionate assessment while at the same time investing oneself in an effort to influence the outcome of such an evaluation, presents a challenge, and I doubt that I was always equal to it.

I did attempt to separate in my own mind as well as procedurally and in the minds of the participants the two aspects of my work. All questionnaires were coded and kept separate from personal identifying information. Control and experimental groups were tested together, and the importance of unbiased responses for scientific validity was stressed at all testing sessions. Nevertheless, I feel that some of the positive change on test scores shown by the experimental group may have to be attributed to changes in test taking attitudes. The Re-evaluation Counseling class developed a great deal of rapport with the teacher, and several participants in some form or another expressed high motivation "to do well" on their tests.

Obviously, questionnaires such as the Rotter and the

Attitude to Life scales are transparent enough to be "beaten" to some degree. Stanley Butts describes such an occurrence in a study where a group of alcoholics were tested

after they had entered a treatment program which stressed the assumption of responsibility for their behavior, a common element in many alcoholism programs. Many of the first 5 or 6 items of the I-E scale were answered externally and then suddenly all others were answered in the internal direction, as though the subjects responded in one way until they discovered what the test measured and then changed responses in a direction expected to please.¹

A somewhat similar response pattern was, in fact, found in some questionnaires in the present study, on both pretests and posttests, and in the control as well as in the experimental group. But the analysis of response modes indicates that such a pattern was in no way frequent, nor in any way more pronounced in the experimental group than in the control group.

As to the fact of differential motivation between the two groups, there seems to me to be little doubt possible. It must be assumed that the Re-evaluation Counseling class members who wished to "do a good job" on their tests, worked more eagerly and conscientiously during the testing sessions. At any rate, a much larger percentage of the experimental group did actually stay in the program and, therefore, did

¹Stanley V. Butts and John Chotlos, "A Comparison of alcoholics and non-alcoholics on perceived locus of control," *Quarterly Journal of Studies on Alcohol*, XXXIV (1973), 1328.

complete posttests than was true of the control group. And the follow-up shows that 3 months after completion of the training program more than half of the participants in the Re-evaluation Counseling class were still motivated enough to check and mail a postcard (while none of the control group did so).

It seems to me that the level of motivation exhibited by the experimental group confirms the positive test results rather than invalidating them. Since motivation for change constitutes a crucial factor in rehabilitation, the fact that the Re-evaluation training class achieved and sustained a considerable level of enthusiasm and loyalty during its existence and somewhat beyond that time, testifies, I think, to its impact on the participants, and to its usefulness in a rehabilitation program.

Other factors influencing test performance may be more difficult to assess. For instance: length of time in the rehabilitation program appeared to influence test results. All groups, with the exception of the women in the control group on the Attitude to Life scale, showed "improvement" on the posttests (i.e. after at least 30 days in the program). It might be concluded that all groups derived benefits from their participation in the overall program. Or else: movement in the internal and optimistic direction might result as a function of time, maturation, and possibly some test-retest variable. Either interpretation could

account satisfactorily for the gains made by the control group; but if "benefits derived from the program" are ruled out, then the significantly larger gains made by the experimental group become difficult to explain.

On the other hand, if the gains made by both groups are attributed exclusively to "benefits derived from treatment", then the validity of the pretest scores becomes questionable, since at the time of the first testing participants had been in the program anywhere from 1 to 29 days. Presumably, this particular time variable affected control and experimental groups in the same way and to the same degree; but it is important to be aware of its existence and possible influence.

Posttests, also, most likely were affected by a "timing" variable relative to individual patients' progress in the program. At approximately the mid-point of a patient's anticipated stay in the hospital, morale was usually high, the possibilities of making a real change and starting afresh seemed real and exciting. Several patients reported "re-birth" experiences, and most expressed self-confidence and hope. As the time of discharge drew nearer, anxieties about reality problems "on the outside" began to rise steeply, with a comparable increase in self-doubt and despondency. These fluctuations were clearly noticeable in class activities and individual comments. But their influence on test results is difficult to assess.

There remains the fact that the test results themselves were statistically unambiguous both for the Rotter Internal-External Control scale and the Attitude to Life scale. The experimental group did change in the hypothesized direction on these measures to a highly significant degree more than did the control group. The conclusion, therefore, seems justified, that--together with other factors--Re-evaluation Counseling training does appear to foster an increased feeling of being in charge of one's life and a more positive attitude to life in general.

And the analysis of different training levels confirms the expectation that involvement in Re-evaluation Counseling over a period of time specifically influences positive performance on measures of self-confidence, self-competence and general hopefulness.

For the Leary Interpersonal Adjectives Checklist the situation is less clear. Probably the instrument itself was not altogether appropriate for the setting: to read and check off or leave un-checked 128 adjectives requires--in addition to reading facility, vocabulary, and reasonably good eye sight--an amount of concentration, responsibility and good will that may have been beyond the capacity of some of the participants at the time (particularly since the task had to be performed twice in each testing session). On the other hand, random marking was difficult to detect unless it followed a very obvious pattern. The probability

of a high degree of randomness is suggested by the erratic patterns of scores and also by the large standard deviations, which reached proportions of 13.47 for a mean of .28! --(an extreme score even when it is taken into account that the average vector sums could, and often did, take negative values). In practice the erratic scores were likely to cancel each other out and show up primarily in the high standard deviations, i.e. in minimizing the statistical differences between groups. It is possible that these effects of random marking by themselves account for all or most of the fact that little significant differences were found between control and experimental groups in this measure.

The one statistically significant shift in octant means did occur in the expected direction of Affection (LOV) supporting the hypothesis that Re-evaluation Counseling training tends to foster positive valuation of self and others.

There was no comparably large movement in the direction of dominance. This apparent "decline" in feelings of self-reliance for both control and experimental groups after at least 30 days in the program might, possibly, be attributed to the hospital setting itself, which tends to foster dependency in many patients.² But I do not think that the

²Cf. Tremper's discussion of social norms concerning people and the hospital structures combining to produce dependent behavior: Mel Tremper, "Dependency in alcoholics: a

evidence gathered in the present study is strong enough to support even conjectures.

Follow-Up

Three months after completion of the training project stamped, self-addressed postcards were mailed to all participants in the project who at the time of their discharge from the hospital had left some kind of an address (Control group 31, Experimental Group 25). A short letter explained the purpose of the survey. The cards were identical except for the last question: I feel that my participation in the RC training class was ____/was not ____ useful to me.-- which was not asked of the control group, of course.

So far 14 letters (C-group 10, RC-group 4) have been return as undeliverable, no such address, moved, addressee unknown etc. 12 postcards were returned, all of them by members of the Re-evaluation Counseling training class. Four of these report that they have not been drinking since their release from the hospital, 4 others report drinking rarely or very rarely, 3 marked their drinking as "frequently" (one of these with the written comment: For me rarely but according to hospital standards frequently). One reports daily drinking (he has since returned to the hospital as a

sociological view," *Quarterly Journal of Studies on Alcohol*, XXXIII (1972), 186-190.

patient). Two of the respondents were working, one of these was also going to school at the time of the survey, one anticipated starting school in September. One respondent is retired, one other reported that he was not working and not going to school but added: "but everything is great. I am feeling the best I have felt in years." Of the twelve respondents ten felt that their stay at Metropolitan had been useful or very useful. Eleven respondents felt that their participation in the RC training class was useful or very useful to them. One respondent marked both slots (was/was not useful). One of the respondents reported attendance at A.A. meetings "occasionally", two are involved in community alcoholism rehabilitation programs, one is continuing in a Transactional Analysis group she started with while at the hospital.

The only response received from the control group, so far, were two phone calls: one from a participant in the project reporting that he was doing fine and things were going well. The second one from the wife of one of the former patients who wondered about the survey. She reported to have no information about her husband's current situation.

Three months after the close of the project 7 participants (2 from the control group, 5 from the experimental group) were still involved in the vocational rehabilitation program at Metropolitan. In addition, three members of the RC group and three members of the control group had been

readmitted to the hospital program as patients.

The hospital has no out-patient program for alcoholics and maintains no records or contacts beyond discharge.

These scant facts do not permit statistically valid conclusions. The response of the group who had been involved in Re-evaluation Counseling was gratifying and encouraging to me personally. But on the whole the general impression was one of dismay, as far as the situation of alcoholics in our society is concerned: after concentrated therapeutic efforts for a period of a few months, patients seem to "disappear" again into the vast homelessness of the metropolis. It would seem that means of maintaining contacts with discharged patients are urgently needed. The fact that 7 members of the RC training class did come back to the hospital for one or several class meetings after release--despite real practical difficulties--points out the possibility and the importance of maintaining lifelines, as it were.

Was the Re-evaluation Counseling training project successful? The participants themselves were given an opportunity to evaluate their experience at the end of the training period. They were instructed not to sign their statements, but several participants did so. Anonymity, therefore, was not achieved, and some of the comments, clearly, reflect the expectation of being identified.

Their validity as objective evaluations must, therefore, be considered questionable. As a composite picture of subjective valuations, however, these comments may illustrate very directly the aspects of the training program that were considered useful by the participants. The question the group was asked to respond to was: I feel that the RC training class was helpful____/ not helpful____ to me in the following ways:

The comments, it seems to me, deserve to be reproduced from the original versions, allowing these men and women to speak for themselves.

Comments on the Training Class:

I feel that the RC Training class was helpful___/not helpful___

to me in the following ways:

In that it helped me - to know myself better gave me
more confidence in myself - helped me to overcome my
shyness - helped me to be more outgoing
I am glad and don't have to be ashamed of my self due to the
fact of my past experience as a minister.
It has given me self respect - which I didn't - and
will continue doing it.

I believe it will help me
to understand the inner me better + to get
along better with others, also self confidence.

It helped me to communicate better
and to feel closeness and warmth.

easier to talk in crowds
less embarrassed
to not to misuse words
more at ease in expressing
myself

To relax my self completely
before I speak

To listen more to what is
said

IT HAS MADE ME THINK BETTER OF MYSELF.

IT HAS MADE ME STOP AND THINK BEFORE MAKING MY MIND UP ABOUT SOMETHING IMPORTANT.

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IT HAS MADE ME BELIEVE THERE IS OTHER PEOPLE IN THIS WORLD BESIDES MYSELF.

IT HAS MADE ME THINK GOOD OF OTHER PEOPLE, BECAUSE, I AM NOT THE ONLY ONE THAT AS HANGS UPS.

AND MOST OF ALL, I KNOW NOW, THAT THERE IS REALLY HUMAN TO LIVE. LIFE CAN BE GREAT IF YOU WANT IT TO BE.

... IN THE FOLLOWING ways.

IT HAS HELPED ME TO TALK ABOUT MYSELF LITTLE MORE, THAN I HAVE IN THE PAST.

IT ALSO HELPED ME TO UNDERSTAND OTHERS LITTLE MORE.

It helped me to feel a little better about myself + others

I am learning to get along with + understand other people in the same circumstances as I am

RC GIVES ME THE OPPORTUNITY TO EXPRESS + EXPERIENCE MY FEELINGS FREELY WITHOUT FEAR, GUILT OR SHAME. I'M DEVELOPING A POSITIVE AWARENESS OF MYSELF & THE ABILITY TO DISCHARGE OLD WOUNDS UNTIL THE HURT THAT WAS THERE, BECOMES PURELY A MATTER OF FACT - ENABLING ME TO GET ON WITH THE JOY OF LIVING.

... IN THE FOLLOWING ways:

IT HAS HELPED ME TO UNDERSTAND LIFE, TO GET ALONG WITH PEOPLE. AND UNDERSTAND MYSELF.

to me in the following ways:

My supervisor, Barry, helped me understand the public school system better. My fellow students

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to me in the following ways:

Made me have more confidence in myself, my abilities and my decisions.

to me in the following ways:

Make myself more aware of other people and who as human beings we make mistakes.

to me in the following ways:

It has helped me to relate to other people in a group without too much pressure. Before joining the group I would never express any feelings that bothered me before others if at all possible or unavoidable. I still dislike standing before a group, but afterwards I feel a sense of accomplishment.

Comments on Training Class:

? Not really sure.

I feel that the RC Training Class was helpful _____ /not helpful _____
to me in the following ways:

In having a better understanding of my personal behavior as well as other peoples and hopefully to better myself socially.

I feel that the RC Training Class was helpful ___/not helpful X.
to me in the following ways:

because I didn't take it serious enough to do me any good. I did like what little I did get out of it. I was ¹⁹² not much of a talker and think that was kind of problem to start with.

Becoming aware of tension & stress & finding new ways to deal with these feelings but more important, making a conscious effort to be aware of new & good things in my life. Also the opportunity to explore further aspects of "good" in ~~our lives~~ my life.

It gave me the feeling of really belonging to a group. It broke down some of my barriers. It gave me a chance to really relate some deep problems I have had, but in the opening with a group. It also has helped me to learn how to connect another alcoholic, how to be a good listener - how to know when to listen and when to encourage or hint to talk. It has given me a feeling of doing a good job - when I've connected. I also felt that Edith had a sincere interest in each and every one of us, and by his interest encouraged us all.

to me in the following ways: It has helped me to understand & overcome my anxieties, to have a better outlook on life in general, get along with people & to better understand the actions of others.

RC has also helped me to appreciate and be proud of myself.

talk slower + clear, so I
won't misse. words, which
is embarrassing.

My wife + I are leaving
on our trip 8-1-75 we plan
on being gone about a year
just travelling around the U.S.

I hope this letter finds
you well + happy. Edith you
will be hearing from us
once in awhile. Keep up
the good work I remain

Yours Respectfully

7-30-75

Dear Edith

In all sincerity I am
very happy to tell you + all
who it may concern, that R.C. with
you as my teacher, accounted
for more then 75% of my recovery
from ~~the~~ my edition of booze. I
no longer need a crutch
to speak in small groups or
large, I learned from teaching
how to have closer relationships
with people + not to feel alone
your hug + touch sessions
were very embarrassing to me.
I dreaded them, but after a
while I became less embarrassed
I am finding out now + more
that a hand on the shoulder
a pat on the back, or a hug
brings one closer to his
friends. It makes it easier
to communicate also.

I am still trying to

Did Re-evaluation Counseling training affect the factors considered crucial in alcoholism: self-centeredness, dependency, despair, lack of contact, lack of responsibility?

I feel justified in concluding that it did. Not decisively, of course, in most cases. Altogether, only a beginning was made. But the overall response indicated that it was a viable beginning.

As far as the institutional program was concerned, I feel justified in concluding that Re-evaluation Counseling training not only could and did fit into the existing structure, but that it also did fill a need not met by other therapeutic programs offered. It helped patients to relate to each other more positively and to communicate with each other on a more personal level. It gave them opportunity to express positive feelings towards themselves and towards each other, and to rid themselves of some of their embarrassment and fears. It also seemed to renew hope and faith in the possibility of a meaningful life.

Obviously, much more sustained efforts would be required for patients to begin committing themselves to the "continuing change in style of life" that constitutes "recovery" in Bacon's words. He describes such a treatment setting as:

those processes and structures and interrelationships and attitudes and behaviors of the person and of the

relevant surrounding others which rebuild control. . . so that the positive values are achieved and the destructive forces are reducedRecovery, itself, comprises the molding of such changes into a pattern of life, life through time, life with meaningful others, life more satisfying to the person, to his associates and to the community.³

Re-evaluation Counseling training, I am convinced, could contribute significantly to such recovery.

If it was to be incorporated into a multidimensional treatment program, the first step would be to acquaint the treatment staff with Re-evaluation Counseling theory and methods. (At Metropolitan State Hospital staff members were generally supportive of the research project and willing to co-operate. But direct involvement was not possible at the time.)⁴

Such a training program might follow the format developed by Gail Pheterson at Patton, which led her to the conclusion that "RC appears to have made substantial impact on Patton State Hospital".⁵

³S. D. Bacon, The Process of Addiction to Alcohol," *Quarterly Journal of Studies on Alcohol*. XXXIV (1973), 25.

⁴However, such involvement may become possible in the near future. Dr. Frances Sheridan, M.D., Program Director of Alcoholism Rehabilitation at the hospital, is interested in having a staff training program in Re-evaluation Counseling set up at the institution.

⁵She found significant changes in the direction of increased self-esteem, increased feelings of competence and positive mood, better staff relations and morale, etc. as the result of training in Re-evaluation Counseling. Over a year after her research program, RC activities continued at

As I see it, the aim of such a program would be twofold: First, to give all members of the treatment staff an understanding of the discharge and re-evaluation process and of the fundamental techniques of co-counseling, in order to enable them to interact appropriately with patients who are involved in RC training. Second, to help staff members recover their own ability to discharge distress experiences, and to provide them with a setting in which to do so regularly. This second point seems to me at least equally important as the first. If the model of human functioning presented in Re-evaluation Counseling theory is at all correct, then our concern has to include the physician as well as the patient, the counselor as well as the client. Working with severely distressed people places a heavy burden on the sensitive and caring persons who are likely to choose

the hospital, with classes being taught, and staff members using Re-evaluation Counseling techniques with their patients in "Validation groups", as well as co-counseling with each other and participating in activities of the RC community. She concludes:

The research offers direct confirmation of the effectiveness of a counseling system which is based upon the facilitation of discharge in a completely validating setting. . . .

The total research project and one year follow-through of training has been worthwhile for the staff, the patients, the institution, and the community. Gail Pheterson, "A Field Experimental Study of the Effects of Re-evaluation Counseling Training, (unpublished dissertation, University of California at Riverside, 1974). p. 111, 113.

such work. The pessimism and nihilism so prevalent in discussions of alcoholism may well have their root in this overload of distress carried by the professionals in this field (as well as in the other helping professions). Co-counseling makes it possible for people to discharge such distresses and renew their ability to cope intelligently, flexibly, and zestfully with difficult situations--thereby enabling them to present a model of competent living. (After all: when we urge our patients to stop killing themselves with alcohol and "choose life"--is the model of life we ourselves exhibit worth following?)⁶

Hopefully, a staff training program would encourage some staff members to learn the method thoroughly and become Re-evaluation Counseling teachers themselves. (So far one certified teacher has come out of the Patton project and has taught classes at the institution, one other staff member is ready to teach and has worked as an assistant in RC classes.) Training classes for patients might then be set up along the lines developed at Metropolitan State Hospital. If the whole ward was to be involved, orientation classes for new patients could be started weekly. After a

⁶The problem, I think, is highlighted by such statistics as the suicide rate among psychiatrists, for instance--which is conservatively estimated at more than 4 times the overall suicide rate of the population. Reported by International Medical News Service, in *Clinical Psychiatry News*, III:7 (1975), 14.

week or two of introduction to Re-evaluation Counseling theory and co-counseling methods patients would be offered a choice on whether to continue or discontinue training. Those who chose to continue would be introduced to an on-going group and would select co-counselors. (In a facility such as Metropolitan State Hospital with large dormitories and dayrooms it proved difficult to find sufficient privacy for co-counseling sessions. Such provisions would certainly have to be made!)

The orientation classes might meet daily for an hour, the on-going classes three times a week, with scheduled co-counseling sessions on the free days. Wherever possible, classes should be mixed and participants should be encouraged to co-counsel with members of both sexes. Groups with 10 - 12 participants seemed to work well, but fluctuations in group size present no great problems as long as every participant has at least one regular co-counselor.

In the Metropolitan project patients proved useful as assistants, giving help to new members, filling in as co-counselors, and taking charge of some class activities. At least one on-going class should probably be held in the evening to permit "graduates" from the program to continue their participation after release. From an institution like Metropolitan State Hospital, a regular out-patient program may not be feasible. The patient population hails from all

over the Southland, and appears highly transient. But opportunity for continued involvement should certainly be provided.

Would such a program be worth the effort? It seems to me that the results of this study point to an affirmative answer. If recovery is an on-going process, then therapy has to enable the patient to continue the work on his own by giving him or her the tools to do so.

Re-evaluation Counseling training appears to have the potential to become such a tool.

APPENDIX

APPENDIX A

QUESTIONNAIRES

1. ATTITUDE TO LIFE SCALE

The purpose of this survey is to gather information about people's personal opinions. There are no right or wrong answers. Please mark the questions True or False according to what you believe to be true, not according to what you wish to be true, or what you think you should say.

age___ sex___ code number___

- | | | |
|---|---|---|
| 1. If you don't watch out, people will take advantage of you. | T | F |
| 2. What I do makes a real difference in the world. | T | F |
| 3. Mankind is probably doomed to destruction. | T | F |
| 4. Nobody really cares what happens to you. | T | F |
| 5. Things have a tendency to work out well. | T | F |
| 6. I feel we can overcome the problems that face us. | T | F |
| 7. We are all strangers and alone in this world. | T | F |
| 8. I could be happy all by myself on a desert island. | T | F |
| 9. Love is unreal | T | F |
| 10. I feel that the average person loses out in the long run. | T | F |
| 11. We are just puppets in the hands of fate. | T | F |
| 12. The world is a safe place. | T | F |
| 13. Most people are inclined to help others. | T | F |
| 14. Life has little meaning. | T | F |
| 15. My future looks bright. | T | F |

- | | | |
|---|---|---|
| 16. It is always possible to find a way if one is really looking. | T | F |
| 17. I am afraid that things will never get any better. | T | F |
| 18. Human nature is basically co-operative. | T | F |

Thank you!!

2. ROTTER INTERNAL-EXTERNAL CONTROL SCALE

This is a questionnaire to find out the way in which certain important events in our society affect different people. Each item consists of a pair of alternatives lettered a or b. Please select the one statement of each pair (and only one) which you more strongly believe to be the case as far as you're concerned. Be sure to select the one you actually believe to be more true rather than the one you think you should choose or the one you would like to be true. This is a measure of personal belief: obviously there are no right or wrong answers.

Mark your answer by circling the letter of the statement you believe to be most true. Please answer these items carefully but do not spend too much time on any one item. Be sure to find an answer for every choice.

In some instances you may discover that you believe both statements or neither one. In such cases, be sure to select the one you more strongly believe to be the case as far as you're concerned. Also try to respond to each item independently when making your choice; do not be influenced by your previous choices.

- 1a. Children get into trouble because their parents punish them too much.
- b. The trouble with most children nowadays is that their parents are too easy with them.
- 2a. Many of the unhappy things in people's lives are partly due to bad luck.
- b. People's misfortunes result from the mistakes they make.
- 3a. One of the major reasons why we have wars is because people don't take enough interest in politics.
- b. There will always be wars, no matter how hard people try to prevent them.
- 4a. In the long run people get the respect they deserve in this world.
- b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.
- 5a. The idea that teachers are unfair to students is nonsense.

- b. Most students don't realize the extent to which their grades are influenced by accidental happenings.
- 6a. Without the right breaks one cannot be an effective leader.
 - b. Capable people who fail to become leaders have not taken advantage of their opportunities.
- 7a. No matter how hard you try some people just don't like you.
 - b. People who can't get others to like them don't understand how to get along with others.
- 8a. Heredity plays the major role in determining one's personality.
 - b. It is one's experiences in life which determine what they're like.
- 9a. I have often found that what is going to happen will happen.
 - b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.
- 10a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
 - b. Many times exam questions tend to be so unrelated to course work that studying is really useless.
- 11a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
 - b. Getting a good job depends mainly on being in the right place at the right time.
- 12a. The average citizen can have an influence in government decisions.
 - b. This world is run by the few people in power, and there is not much the little guy can do about it.
- 13a. When I make plans, I am almost certain that I can make them work.
 - b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.

- 14a. There are certain people who are just no good.
- b. There is some good in everybody.
- 15a. In my case getting what I want has little or nothing to do with luck.
- b. Many times we might just as well decide what to do by flipping a coin.
- 16a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
- b. Getting people to do the right thing depends upon ability; luck has little or nothing to do with it.
- 17a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.
- b. By taking an active part in political and social affairs the people can control world events.
- 18a. Most people don't realize the extent to which their lives are controlled by accidental happenings.
- b. There is really no such thing as "luck."
- 19a. One should always be willing to admit mistakes.
- b. It is usually best to cover up one's mistakes.
- 20a. It is hard to know whether or not a person really likes you.
- b. How many friends you have depends upon how nice a person you are.
- 21a. In the long run the bad things that happen to us are balanced by the good ones.
- b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.
- 22a. With enough effort we can wipe out political corruption.
- b. It is difficult for people to have much control over the things politicians do in office.

- 23a. Sometimes I can't understand how teachers arrive at the grades they give.
- b. There is a direct connection between how hard I study and the grades I get.
- 24a. A good leader expects people to decide for themselves what they should do.
- b. A good leader makes it clear to everybody what their jobs are.
- 25a. Many times I feel that I have little influence over things that happen to me.
- b. It is impossible for me to believe that chance or luck plays an important role in my life.
- 26a. People are lonely because they don't try to be friendly.
- b. There's not much use in trying too hard to please people, if they like you, they like you.
- 27a. There is too much emphasis on athletics in high school.
- b. Team sports are an excellent way to build character.
- 28a. What happens to me is my own doing.
- b. Sometimes I feel that I don't have enough control over the direction my life is taking.
- 29a. Most of the time I can't understand why politicians behave the way they do.
- b. In the long run the people are responsible for bad government on a national as well as on a local level.

3. LEARY INTERPERSONAL ADJECTIVE CHECK LIST

Please check those items which describe _____

Name _____

DATE _____

- | | |
|---|--|
| <input type="checkbox"/> well thought of | <input type="checkbox"/> often admired |
| <input type="checkbox"/> makes a good impression | <input type="checkbox"/> respected by others |
| <input type="checkbox"/> able to give orders | <input type="checkbox"/> good leader |
| <input type="checkbox"/> forceful | <input type="checkbox"/> likes responsibility |
| <input type="checkbox"/> self-respecting | <input type="checkbox"/> self-confident |
| <input type="checkbox"/> independent | <input type="checkbox"/> self-reliant and assertive |
| <input type="checkbox"/> able to take care of self | <input type="checkbox"/> businesslike |
| <input type="checkbox"/> can be indifferent to others | <input type="checkbox"/> likes to compete with others |
| <input type="checkbox"/> can be strict if necessary | <input type="checkbox"/> hard-boiled when necessary |
| <input type="checkbox"/> firm but just | <input type="checkbox"/> stern but fair |
| <input type="checkbox"/> can be frank and honest | <input type="checkbox"/> irritable |
| <input type="checkbox"/> critical of others | <input type="checkbox"/> straightforward and direct |
| <input type="checkbox"/> can complain if necessary | <input type="checkbox"/> resents being bossed |
| <input type="checkbox"/> often gloomy | <input type="checkbox"/> skeptical |
| <input type="checkbox"/> able to doubt others | <input type="checkbox"/> hard to impress |
| <input type="checkbox"/> frequently disappointed | <input type="checkbox"/> touchy and easily hurt |
| <input type="checkbox"/> able to criticize self | <input type="checkbox"/> easily embarrassed |
| <input type="checkbox"/> apologetic | <input type="checkbox"/> lacks self-confidence |
| <input type="checkbox"/> can be obedient | <input type="checkbox"/> easily led |
| <input type="checkbox"/> usually gives in | <input type="checkbox"/> modest |
| <input type="checkbox"/> grateful | <input type="checkbox"/> often helped by others |
| <input type="checkbox"/> admires and imitates others | <input type="checkbox"/> very respectful of authority |
| <input type="checkbox"/> appreciative | <input type="checkbox"/> accepts advice readily |
| <input type="checkbox"/> very anxious to be approved of | <input type="checkbox"/> trusting and eager to please |
| <input type="checkbox"/> cooperative | <input type="checkbox"/> always pleasant and agreeable |
| <input type="checkbox"/> eager to get along with others | <input type="checkbox"/> wants everyone to like him |
| <input type="checkbox"/> friendly | <input type="checkbox"/> sociable and neighborly |
| <input type="checkbox"/> affectionate and understanding | <input type="checkbox"/> warm |
| <input type="checkbox"/> considerate | <input type="checkbox"/> kind and reassuring |
| <input type="checkbox"/> encourages others | <input type="checkbox"/> tender and soft-hearted |
| <input type="checkbox"/> helpful | <input type="checkbox"/> enjoys taking care of others |
| <input type="checkbox"/> big-hearted and unselfish | <input type="checkbox"/> gives freely of self |

AP _____ HI _____ NO _____ BC _____ FG _____

- | | |
|---|---|
| <input type="checkbox"/> always giving advice | <input type="checkbox"/> tries to be too successful |
| <input type="checkbox"/> acts important | <input type="checkbox"/> expects everyone to admire him |
| <input type="checkbox"/> bossy | <input type="checkbox"/> manages others |
| <input type="checkbox"/> dominating | <input type="checkbox"/> dictatorial |
| <input type="checkbox"/> boastful | <input type="checkbox"/> somewhat snobbish |
| <input type="checkbox"/> proud and self-satisfied | <input type="checkbox"/> egotistical and conceited |
| <input type="checkbox"/> thinks only of himself | <input type="checkbox"/> selfish |
| <input type="checkbox"/> shrewd and calculating | <input type="checkbox"/> cold and unfeeling |
| <input type="checkbox"/> impatient with other's mistake | <input type="checkbox"/> sarcastic |
| <input type="checkbox"/> self-seeking | <input type="checkbox"/> cruel and unkind |
| <input type="checkbox"/> outspoken | <input type="checkbox"/> frequently angry |
| <input type="checkbox"/> often unfriendly | <input type="checkbox"/> hard-hearted |
| <input type="checkbox"/> bitter | <input type="checkbox"/> resentful |
| <input type="checkbox"/> complaining | <input type="checkbox"/> rebels against everything |
| <input type="checkbox"/> jealous | <input type="checkbox"/> stubborn |
| <input type="checkbox"/> slow to forgive a wrong | <input type="checkbox"/> distrusts everybody |
| <input type="checkbox"/> self-punishing | <input type="checkbox"/> timid |
| <input type="checkbox"/> shy | <input type="checkbox"/> always ashamed of self |
| <input type="checkbox"/> passive and unaggressive | <input type="checkbox"/> obeys too willingly |
| <input type="checkbox"/> meek | <input type="checkbox"/> spineless |
| <input type="checkbox"/> dependent | <input type="checkbox"/> hardly ever talks back |
| <input type="checkbox"/> wants to be led | <input type="checkbox"/> clinging vine |
| <input type="checkbox"/> lets others make decisions | <input type="checkbox"/> likes to be taken care of |
| <input type="checkbox"/> easily fooled | <input type="checkbox"/> will believe anyone |
| <input type="checkbox"/> too easily influenced by friends | <input type="checkbox"/> wants everyone's love |
| <input type="checkbox"/> will confide in anyone | <input type="checkbox"/> agrees with everyone |
| <input type="checkbox"/> fond of everyone | <input type="checkbox"/> friendly all the time |
| <input type="checkbox"/> likes everybody | <input type="checkbox"/> loves everyone |
| <input type="checkbox"/> forgives anything | <input type="checkbox"/> too lenient with others |
| <input type="checkbox"/> oversympathetic | <input type="checkbox"/> tries to comfort everyone |
| <input type="checkbox"/> generous to a fault | <input type="checkbox"/> too willing to give to others |
| <input type="checkbox"/> overprotective of others | <input type="checkbox"/> spoils people with kindness |

JK _____ LM _____ DE _____ DOY _____ LOV _____

APPENDIX B

INDIVIDUAL TEST SCORES

Column I: Attitude to Life Scale
 Column II: Rotter Internal-External Control Scale
 Leary Interpersonal Adjectives Checklist
 Column III: LOV SELF
 Column IV: LOV OTHER
 Column V: DOM SELF
 Column VI: DOM OTHER

A = Pretest Score

B = Posttest Score

Experimental Group, N - 32

<i>I</i>		<i>II</i>		<i>III</i>		<i>IV</i>		<i>V</i>		<i>VI</i>	
<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>
7	4	2	2	-18.4	-9.7	-5.1	-4.4	-10.0	6.7	1.5	6.4
8	3	7	7	3.5	15.4	0.7	9.5	1.5	0.4	-0.3	3.9
15	1	2	0	-38.6	-1.4	10.1	7.3	-10.4	-16.2	-0.5	-7.3
8	4	2	2	0.0	-2.9	0.0	-4.2	0.0	1.3	0.0	1.2
12	10	8	4	-16.8	-10.8	-8.4	-2.0	-7.6	-8.8	-18.2	-4.6
3	1	1	2	-2.6	6.7	0.0	3.8	53.8	-4.5	18.2	5.0
7	5	5	2	-6.8	-7.3	7.6	16.5	-25.2	-11.1	-1.6	1.9
10	10	6	6	-7.2	-3.1	-12.0	6.0	-14.8	-6.9	6.8	2.8
9	7	8	3	-15.1	-5.2	8.0	8.5	-0.1	5.2	-8.0	-0.7

<i>I</i>		<i>II</i>		<i>III</i>		<i>IV</i>		<i>V</i>		<i>VI</i>	
<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>
7	6	6	4	0.0	8.0	-10.7	-1.3	4.4	9.6	-2.9	-13.7
11	5	8	4	8.8	-0.9	3.5	6.2	13.8	2.5	-2.9	14.0
11	4	8	1	-14.9	2.8	0.5	1.2	2.7	17.2	0.5	10.8
9	6	13	5	-20.2	4.2	-2.6	11.6	7.2	13.0	28.8	1.2
5	5	5	0	2.1	9.8	-4.2	9.0	0.5	-3.2	-8.2	-5.0
5	3	1	1	4.1	7.1	7.9	15.2	-0.9	2.3	5.1	-3.6
12	5	11	5	-3.5	-4.6	-5.2	8.3	6.9	0.4	2.2	29.1
10	12	11	2	1.0	4.3	1.9	10.5	-3.4	-0.5	-2.7	6.1
7	1	3	1	26.5	4.2	8.4	21.0	-15.7	-3.2	-1.6	-4.0
6	4	2	1	0.8	5.8	-18.5	17.4	0.0	-2.8	0.7	-4.2
7	3	3	0	-26.5	-9.7	-19.2	-8.7	-7.1	-6.3	-1.2	-2.9
4	0	6	1	-5.3	5.2	1.9	-0.3	7.5	-1.6	-2.5	-2.1
2	2	3	3	-12.5	-8.7	7.0	-2.0	-0.5	-7.7	30.0	1.6
8	4	3	1	-5.0	5.8	7.7	20.7	-2.2	-18.4	-9.1	16.3
13	6	2	2	1.8	4.2	13.0	10.1	16.2	3.8	2.6	22.7
14	6	9	6	-6.3	-6.7	13.3	12.9	4.5	4.5	-20.3	4.5
9	4	2	1	-6.0	7.9	-7.9	4.9	5.8	-1.9	-3.3	4.7
5	1	6	2	6.4	-1.6	3.3	2.0	12.6	1.2	-2.3	15.8
3	1	1	0	8.9	13.1	5.5	13.7	-11.5	-0.7	-9.1	0.9
13	7	7	4	1.6	0.1	2.1	1.6	4.0	8.1	5.1	3.6
6	4	7	3	3.1	14.8	12.3	14.7	-0.9	7.0	-0.7	1.3
7	4	3	2	9.3	-2.7	15.6	14.4	2.7	1.1	8.8	-1.0
3	2	2	0	-12.9	-7.4	13.2	17.8	-24.5	-14.0	1.8	5.4

Control Group, N = 28

<i>I</i>		<i>II</i>		<i>III</i>		<i>IV</i>		<i>V</i>		<i>VI</i>	
<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>
14	11	1	1	1.3	6.3	-13.4	4.3	-6.5	-5.9	22.2	-4.3
7	8	1	3	-3.6	-5.2	2.6	-1.1	-5.0	1.2	-4.6	-12.5
8	7	2	1	11.3	8.9	15.5	13.5	5.7	0.5	11.1	7.1
10	9	7	6	-14.8	-8.6	0.2	-4.1	6.6	-0.2	-2.8	-2.3
9	7	6	3	-5.6	-12.5	1.5	6.2	0.0	-0.7	0.7	-2.2
15	12	12	11	-2.9	1.0	-15.2	-1.8	2.3	-9.0	28.0	-2.0
14	5	3	1	-1.4	8.6	20.1	15.2	13.6	4.4	-3.7	-10.0
5	4	7	4	-3.3	3.8	8.6	5.0	-0.7	-15.0	-14.3	-16.0
11	12	3	2	3.0	2.3	9.8	17.3	-27.4	-23.1	-7.6	15.1
5	2	4	2	-20.0	0.1	-5.3	4.1	26.2	-4.9	36.5	-1.5
2	3	2	4	3.3	-26.0	-5.2	14.3	8.1	-6.8	4.8	-28.1
6	4	2	1	13.4	-3.0	3.3	7.5	-0.6	5.8	-2.3	-7.3
15	17	5	13	4.0	5.1	6.3	4.0	20.0	6.7	-2.3	21.8
13	14	3	2	-4.1	-1.4	1.9	10.1	-1.3	13.6	-2.7	-3.7
12	6	5	4	8.8	-19.0	19.4	-3.2	-19.0	-10.2	-12.2	-21.8
6	5	4	3	-6.9	-1.5	5.1	-3.9	-1.3	4.9	6.3	1.9
5	9	5	4	8.8	-7.3	3.5	7.6	13.8	2.7	-2.9	-6.4
11	7	6	4	-3.2	0.9	8.4	4.0	5.0	-0.3	-20.4	-13.0
9	7	1	2	3.2	5.0	10.1	7.9	1.8	-1.8	1.1	0.1
9	10	3	2	-16.4	3.4	8.7	8.5	4.2	0.4	4.1	-7.9
4	5	2	1	-21.5	-1.5	-0.1	11.7	7.3	16.3	5.7	43.1
8	6	2	2	-12.3	9.1	-3.0	6.2	-12.5	3.5	-2.2	15.4

<i>I</i>		<i>II</i>		<i>III</i>		<i>IV</i>		<i>V</i>		<i>VI</i>	
<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>B</i>
13	9	3	4	11.5	7.2	8.0	6.8	-5.7	-19.0	4.6	1.2
10	6	3	2	-5.0	0.1	4.8	6.9	4.4	12.3	0.8	-9.3
9	9	5	3	-9.6	-7.2	-2.0	3.0	-9.0	-2.0	-4.8	0.8
4	3	3	3	-13.1	4.9	6.7	-5.7	7.5	8.9	18.1	3.9
3	2	2	2	16.3	5.7	22.1	12.3	-5.9	-4.5	-0.9	-4.5
3	1	3	3	-1.8	3.7	2.6	27.0	-11.6	-12.7	-9.8	-0.8

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